

DERBYSHIRE EDUCATION COMMITTEE

REPORT

OF THE

Principal School Medical Officer

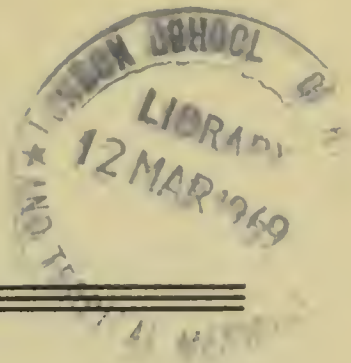
ON THE

Health & Well-being of School Children

FOR THE

Year ended 31st December, 1962.

J. B. S. MORGAN,
B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.,
Principal School Medical Officer.



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DERBYSHIRE EDUCATION COMMITTEE (1962—1963)

ALDERMAN MRS. G. BUXTON
(Chairman)

ALDERMAN J. B. HANCOCK
(Vice-Chairman)

Aldermen

J. W. ALLITT
J. ANDERSON
MRS. A. M. BELFIELD
H. G. BOOTH
G. W. COCKER
MRS. O. EDEN

C. FEAKIN
R. FEWKES
N. GRATTON
MRS. E. HARRISON
MRS. D. M. SUTTON
J. TURNER
REV. E. J. WASS

Councillors

F. R. BOTT
A. ELSE
REV. J. H. FRANCIS
H. R. GILL
MRS. D. HARDMAN
MRS. P. HART
J. W. HETHERINGTON
W. W. JOHNSON

C. D. LEWIS
R. R. PONTON
G. A. SEYMOUR
L. STONES
MRS. A. S. THICKETT
H. TURNER
T. R. WRIGHT

Co-opted Members

MRS. E. E. ARMSTRONG
MRS. M. G. C. SULLEY
C. BEMROSE, ESQ.
PROFESSOR C. G. CHESTERS
H. H. DAVIDSON, ESQ.
F. HEATH, ESQ.
REV. D. E. BURNIE

REV. CANON H. S. O'NEILL
H. PALFREMAN, ESQ.
MRS. J. PLATTS
F. R. ROLLINSON, ESQ.
VERY REV. CANON L. J. WILLIAMSON
J. S. SAMPSON, ESQ.
C. A. COLLEDGE, ESQ.

SPECIAL SERVICES SUB-COMMITTEE OF THE DERBYSHIRE EDUCATION COMMITTEE (1962—1963)

ALDERMAN MRS. G. BUXTON
(Chairman)

ALDERMAN J. B. HANCOCK
(Vice-Chairman)

Aldermen

J. W. ALLITT
J. ANDERSON
MRS. A. M. BELFIELD
MRS. O. EDEN

C. FEAKIN
R. FEWKES
MRS. E. HARRISON
MRS. D. M. SUTTON
J. TURNER

Councillors

F. R. BOTT
MRS. D. HARDMAN
W. W. JOHNSON
G. A. SEYMOUR

L. STONES
MRS. A. S. THICKETT
H. TURNER
T. R. WRIGHT

Co-opted Members

MRS. E. E. ARMSTRONG
H. H. DAVIDSON, ESQ.
F. P. HEATH, ESQ.

MRS. J. PLATTS
F. R. ROLLINSON, ESQ.

A Joint Medical Services Sub-Committee deals initially with matters which are the joint concern of the Education Committee and the County Health Committee. At 31st December 1962, its membership was as follows :—

Representing the County Health Committee :

ALD. MRS. E. HARRISON (Chairman)
ALD. MRS. D. M. SUTTON
ALD. T. W. WARDLEY
COUN. N. B. BANKS

Representing the Education Committee :

ALD. MRS. G. BUXTON
ALD. MRS. O. EDEN
ALD. J. B. HANCOCK
COUN. T. R. WRIGHT

ANNUAL REPORT

of the PRINCIPAL SCHOOL MEDICAL OFFICER
on the Health and Well-being of School Children for
the Year ended 31st December, 1962.

To the Chairman and Members of the
Derbyshire Education Committee.

Ladies and Gentlemen,

I have the honour to present my nineteenth Annual Report on the health and well-being of children attending schools maintained by the Derbyshire Education Authority.

Generally speaking, I think it can fairly be said that the health and well-being of Derbyshire children has been satisfactory during the year under review.

Local Health and Welfare Authorities have been requested to project their minds into the future and bring out a Ten-Year Plan for developing their Health and Welfare Services. This will have an effect on the School Health Service, as it will mean the provision of extra clinic services which will be available for various age groups of the population, including schoolchildren. Obviously, if clinic services are being provided for expectant and nursing mothers and pre-school-children, as well as the elderly, it would not be wise at the same time to omit to provide clinic facilities for school children.

The School Medical Staff are devoting an increasing proportion of their time to the ascertainment and care of handicapped pupils, that is, pupils who are educationally handicapped through being subnormal physically or mentally. The Members of the Authority, on their part, are also giving close attention to the needs of the handicapped, and if I may say so, are adopting an enlightened attitude to the problems that the handicapped pose.

Dr. A. W. Franklin, Physician to the Children's Department of St. Bartholomew's Hospital, London, is reported to have stated that "the birth of a handicapped baby always takes us off our guard; and when this thing happens—this thing that is quite outside our expectation—it produces in everyone concerned emotional reactions, strong enough to misguide and to lead us astray from our accustomed compassionate selves. When the handicap is a mental one, the colours are intensified and the dazzled viewer needs even greater courage and even greater wisdom."

It would be well for those persons having responsibility for taking decisions or giving advice in this field to bear these comments in mind. Even so, they should not be unmindful of what Shakespeare wrote in "The Life of Timon of Athens" : "'Tis not enough to help the feeble up, but to support him after."

I should like to take this opportunity of thanking Alderman Mrs. G. Buxton and Alderman Mrs. E. Harrison, the respective Chairmen of the Education Committee and the Joint Medical Services Sub-Committee, for their guidance and interest in developing the School Health Service; Mr. J. L. Longland, the Director of Education, and his staff for their co-operation; and the members of the staff of the Health Department for their assistance, not least my Deputy, Dr. V. J. Woodward, Dr. Julia Corrigan, the Senior Medical Officer for the School Health Service, and Mr. Dilks, the Chief Clerk, during a year which was marked by considerable activity for a number of reasons, especially the consultations with various Bodies before submitting the Ten-Year Plan for the Health and Welfare Services.

I am,

Your obedient Servant,

J. B. S. MORGAN

Principal School Medical Officer.

County Offices,

Matlock.

(Telephone : Matlock 3411).

14th May, 1963.

GENERAL INFORMATION AND STATISTICS

Area and Population of Administrative County.

	Municipal Boroughs	Urban Districts	Rural Districts	Totals
Number of Sanitary Districts	4	16	9	29
Area in acres	21,149	76,916	537,391	635,456
Population, Mid-1962 ..	139,770	230,200	388,300	758,270

Number of Primary Schools	464
„ Secondary Schools	112
„ Nursery Schools	2
„ Nursery Classes	17

Average number on Registers of :—

Primary Schools	70,686	
Secondary Schools	45,865	
		116,551
Nursery Schools	102	
Nursery Classes	421	
		523

Special Schools.

Approx. No. on Registers

Ashgate Croft (E.S.N. Mixed) Day Special School, Chesterfield	160
Brambling House Open Air School and Children's Centre, Chesterfield	150
Bretby Orthopaedic Hospital Special School, Bretby	45
John Duncan (E.S.N. Girls') School, Buxton	85
Overseal Manor (E.S.N. Boys') School	46
Talbot House, Glossop (Cerebral Palsy)	22
The Brackenfield Day Special School (E.S.N., Mixed), Long Eaton	100
The Delves Day Special School (E.S.N. Mixed) Swanwick	120

Boarding Homes for Maladjusted Pupils.

Holly House, Chesterfield	..	..	..	12
Stretton House, Stretton	..	..	..	25

New Schools.

- Allestree, Lawn C. Primary (1st September).
- Belper, Long Row, C.J.M. (1st September).
- Clay Cross C.S.M. (1st September).
- Shirebrook, St. Joseph's R.C.V.A. Primary (1st September).

Schools Closed.

- Belper, Long Row C.J. Girls' (31st August).
- Belper, Long Row C.J. Boys' (31st August).
- Clay Cross C.S. Girls' (31st August).
- Clay Cross C.S. Boys' (31st August).
- Heanor, Lockton Avenue C.J. Girls' (31st August).
- South Normanton C.S.M. (31st August).

Schemes of Divisional Administration.

(1) Under a Scheme of Divisional Administration approved by the Minister of Education on 25th June, 1945, the Administrative Area of the Authority (excluding the Borough of Chesterfield which is an Excepted District) has been partitioned into five Divisions. So far as the School Health Service is concerned, it is a function of the various Divisional Executives to consider reports of the Principal School Medical Officer and to make, where necessary, recommendations to the Authority relating to that Service.

(2) The Borough of Chesterfield is an Excepted District for which the Divisional Executive is the Borough Council. A scheme of Divisional Administration made by the Borough Council was approved by the Minister of Education on 7th November, 1945.

The functions exercised by the Borough Council remained as described in my last Annual Report.

Staff.

The Ministry of Education requested a numerical return of the staff of the School Health Service on 31st December, 1962, and the following information was provided :—

STAFF OF THE SCHOOL HEALTH SERVICE

(excluding Staff of Child Guidance Clinics) :—

Principal School Medical Officer Dr. J. B. S. Morgan

	Number of Officers	Number in terms of full- time officers employed in the School Health Service <i>Please express in decimals</i>
(a) Medical Officers (including the Principal Medical Officer):—		
(i) whole-time School Health Service	—	—
(ii) whole-time School Health Service and Local Health Service	35	16.57
(iii) general practitioners working part-time in the School Health Service ..	3	0.75
(iv) Ophthalmic Specialists*	—	—
(v) Other Consultants and Specialists*	—	—
(b) (i) Senior Speech Therapists†	—	—
(ii) Speech Therapists† ..	2	1.33
(iii) Assistant Speech Thera- pists†	—	—
(c) (i) Physiotherapists ..	3	1.2
(ii) Orthoptists	—	—
(iii) Orthopaedic Nurses ..	2	1.4
(iv) Remedial Gymnasts ..	—	—
(v) Chiropodists	—	—
(vi) Audiometricians	—	—
(vii) Child Guidance/School Psychological Service staff (other than those employ- ed in Child Guidance Clinics and included at Part 4)—Specify ..	—	—
(viii) Others—Specify ..	—	—
(d) (i) School Nurses	73	23.5
(ii) No. of School Nurses who hold a Health Visitor's Certificate	69	—
(e) Nursing Assistants	19	12.4

*Employed part-time in the School Health Service for specialist examination and treatment only.

†As defined in P.T.A. Circular No. 89 dated 17.7.61.

The following Table gives details of the staff during the year (including Child Guidance staff):—

Staff	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
PRINCIPAL SCHOOL MEDICAL OFFICER— J. B. S. Morgan, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.	15%	85%
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER— V. J. Woodward, M.B., Ch.B., D.P.H.	30%	70%
SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH— Julia M. D. Corrigan, M.B., B.Ch., B.A.O., D.P.H.	50%	50%
SENIOR MEDICAL OFFICER FOR MENTAL HEALTH— Margaret Fynne, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.	2½%	97½%
SCHOOL MEDICAL OFFICERS— Frances G. Brill, B.A., M.B., B.Ch., B.A.O. ..	70%	30%
M. Blindt, M.B., Ch.B. (commenced 1.1.62; left 31.8.62) (2/11ths)	18%	—
J. W. Crawshaw, M.B., Ch.B.	70%	30%
R. E. Dean, L.R.C.P.S., L.R.F.P.S.	70%	30%
J. Duthie, M.B., Ch.B.	70%	30%
Paramesvary Elagunathan, M.B., B.S.	70%	30%
Winifred Gow, M.B., Ch.B.	70%	30%
Alison M. Hamilton, M.B., Ch.B., D.P.H.	70%	30%
Tonie F. Haynes, M.B., Ch.B.	70%	30%
J. A. Howe, M.B., Ch.B., L.R.C.P., M.R.C.S. (commenced 2.4.62) (4/11ths)	25%	11%
D. J. Hunt, M.B., B.S., L.R.C.P., M.R.C.S. (commenced 4.4.62) (3/11ths)	19%	8%
Bridgid J. Hunter, M.B., B.Ch., B.A.O., (com- menced 6.12.62) (2/11ths)	13%	5%
Emily B. John, M.B., B.S., M.R.C.S., L.R.C.P.	70%	30%
Margarete Kuttner, M.D.	70%	30%
D. R. McCaully, M.D., B.Ch., B.A.O., D.P.H.	70%	30%
Margaret J. Nettleship, M.B., B.Ch., D.P.H. (commenced 1.10.62) (4/11ths)	25%	11%
Eleanor M. Singer, M.Sc., L.R.C.P., M.R.C.S., D.C.H. (10/11ths)	64%	27%
Mary Stevens, M.B., Ch.B. (3/11ths)	25%	2%
G. Storey, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S. (reduced from whole-time to 4/11ths from 1.7.62)	25%	11%
Sheila G. Sykes, M.B., Ch.B., D.R.C.O.G., D.P.H., D.C.H. (commenced 7.5.62)	70%	30%
Monica L. Tisdall, M.B., B.S., L.R.C.P., M.R.C.S. (Increased from 4/11ths to 6/11ths from 9.4.62.)	38%	16%
Teisi Urtson, Med-Dip., Univ. of Tartu	70%	30%

Staff	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
PART-TIME SCHOOL MEDICAL OFFICERS—		
M. Allan, M.B., Ch.B., D.P.H.	20%	80%
W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H. ..	33%	67%
A. R. Robertson, M.B., Ch.B., D.P.H.	20%	80%
F. D. F. Steede, M.B., B.Ch., D.P.H.	27%	73%
Mary Sutcliffe, M.A., M.B., B.Ch., D.P.H. ..	30%	70%
P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	20%	80%
C. G. Woolgrove, M.B., Ch.B., D.P.H.	27%	73%
BOROUGH SCHOOL MEDICAL OFFICER for Chesterfield Excepted District—		
H. Bailey, M.B., Ch.B., D.P.H.	24%	76%
SCHOOL MEDICAL OFFICERS for Chesterfield Excepted District—		
Joan B. M. Leith, M.B., B.Ch., B.A.O.	30%	70%
F. S. Rogers, M.B., Ch.B., D.P.H.	70%	30%
CHILD GUIDANCE AND SPEECH THERAPY STAFF—		
CONSULTANT CHILDREN'S PSYCHIATRISTS—		
D. J. Salfield, B.Sc., M.D., D.P.M.	75%	7%
F. G. Thorpe, M.B., B.Ch., D.P.M.	75%	7%
(Both by arrangement with Hospital Authorities)		
EDUCATIONAL PSYCHOLOGISTS—		
J. R. Fish, B.Sc. (Senior Educational Psychologist)	25%	—
Brenda W. Brook, B.A.	25%	—
J. A. Cowell, B.A., (commenced 1.11.62) ..	25%	—
Grace M. Hamer, M.A. (Chesterfield Excepted District)	50%	—
Jean Ingham, B.A. (Chesterfield Excepted District)	50%	—
Mary P. Joyce, B.Sc.	25%	—
Phyllis M. Lane, B.A.	25%	—
P. H. Priestley, M.A., B.Ed.	25%	—
PSYCHOTHERAPISTS—		
(Two vacancies)		
PSYCHIATRIC SOCIAL WORKERS—		
(Two Vacancies)		
SOCIAL WORKERS—		
Ethel N. Ives, (Chesterfield Excepted District) ..	66%	—
(One-and-a-third vacancies).		
SPEECH THERAPISTS:—		
Pamela Bauer, L.C.S.T. (4/11ths)	33%	3%
Rosemary Orwin, L.C.S.T. (Chesterfield Excepted District)	100%	—
(Nine-and-a-half vacancies)		

Staff	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
DENTAL STAFF—		
PRINCIPAL SCHOOL DENTAL OFFICER—		
H. E. Gray, L.D.S.	90%	10%
DENTAL OFFICERS—		
Marguerite G. Ford, L.D.S.	90%	10%
G. H. Freeman (Dentist, 1921)	90%	10%
F. E. Welton, L.D.S. (left 28.2.62)	90%	10%
Flora M. Jackson, L.D.S. (retired 31.8.62) (6/11ths)	50%	5%
A. Y. Jadwat, B.D.S. (commenced 4.12.62) (5/11ths)	40%	5%
(8 and 6/11ths vacancies).		
Chesterfield Excepted District—		
M. J. Savage, B.D.S. (Borough Senior Dental Officer) (commenced 1.12.62).	90%	10%
Mrs. J. Mann, L.D.S. (commenced 8.1.62) (part-time)	30%	—
(8/11ths vacancies)		

It will be seen from the foregoing schedules of staff that at the end of 1962 we had the equivalent of approximately 16½ School Medical Officers, with roughly two combined posts of Assistant County Medical Officer/School Medical Officer to be filled.

Each Medical Officer is assisted by a "Medical Officer's Attendant". This scheme was introduced to relieve Health Visitors of some of the routine tasks, and has worked very well, the Attendant helping the Doctors not only in minor nursing work but also with the clerical work.

Regular meetings of the Medical Officers (about two each term) were held.

GENERAL CONDITION OF PUPILS

In this County, three general medical inspections of the school children take place, generally arranged so that every pupil is inspected during (i) the first year of compulsory school attendance, (ii) the first year of attendance at a secondary school, and (iii) the last year of compulsory school attendance. (Exceptionally, arrangements may be made for children to be examined in the last year at a junior school, instead of during the first year at a secondary school—this is to relieve some of the pressure on the larger secondary schools through which "the bulge" in the school population is passing).

In addition, children under five years old are inspected as soon as possible after they begin to attend school, and pupils who stay beyond the age of fifteen years are inspected during their last year at school. Pupils specially brought forward are also examined, and those previously

observed to have defects requiring observation or treatment are re-examined. As no routine general medical inspection is normally carried out in the "junior" departments or schools, School Medical Officers have been requested to make a point of getting in touch with the Headteachers of such departments or schools at least once a year to afford them an opportunity of bringing forward any children they require to be specially examined or cases in need of re-examination.

The number of pupils examined at routine medical inspections totalled 32,289. For 1955 and for each subsequent year the corresponding figure has been 29,982; 27,734; 28,385; 30,520; 33,394; 32,588 and 29,955.

In the course of examining the 32,289 children at routine inspections, 5,476 children were found who required treatment for various conditions, (16.96% of those examined). However, only 500 children were classed as being in an "unsatisfactory" physical condition (1.55% of the total number examined).

The percentage found to need treatment in 1962 (16.96%) may be compared with the following figures for successive years (starting with 1953):—18.4; 17.3; 19.5; 18.1; 16.8; 18.9; 17.7; 15.6; 16.8. The last published figure for England and Wales (year 1961) was 15.51%.

The percentage of those whose "physical condition" has been considered to be "unsatisfactory", since this classification was introduced in 1956, are as follows :—

Year							% "unsatisfactory"
1956	..	..	..	..	..	..	2.72
1957	..	..	..	..	..	..	3.88
1958	..	..	..	..	..	..	2.57
1959	..	..	..	..	..	..	1.33
1960	..	..	..	..	..	..	2.51
1961	..	..	..	..	..	..	0.46
1962	..	..	..	..	..	..	1.55

(The last published average for the country as a whole was 0.68% for the year 1961).

It will be noticed that whereas 16.96% of the children examined were found to need treatment, only 1.55% were regarded as "unsatisfactory". As mentioned in previous Reports, this is due to the fact that the defects recorded as requiring treatment cover a wide range, and are of varying degrees of severity. The presence of a defect does not necessarily result, therefore, in a child being regarded as of "unsatisfactory physical condition".

Vision. Brief notes concerning the "screening" tests for visual defects which are carried out in this County appear in the Ministry's Tables in the Appendix to this Report (Table D). During 1962, out of the 32,289 pupils who were examined at periodic school medical inspections, 2,218 were referred for treatment for defective vision (68.7 per 1,000). The comparable figure for 1961 was 68.6 per 1,000 and the figure for England and Wales for that year was 66.3 per 1,000.

Squint. Prior to 1952 cases of squint were recorded in about 9 or 10 out of every 1,000 children examined. Subsequently there was a gradual increase which reached 16.9 in 1955. The figures dropped in the two following years, but climbed again in 1958 and 1959, to 13.6 and 16.3 respectively. For 1960 the rate dropped to 12.4 per 1,000; in 1961 it again fell slightly, to 11 per 1,000. The figure for 1962 is 11.7. This may be compared with a figure of 10.5 for England and Wales in 1961.

Nose and Throat Defects. The rate per 1,000 of pupils thought to require treatment for nose and throat defects varied during the few years prior to 1947 from 28 to 49. The figure for 1957 was only 13.32, but in 1958 it was 21.6. Since then it gradually dropped to 11.1 in 1961. In 1962 the figure was 13.3. The comparable figure for England and Wales was 15.0 in 1961.

HYGIENIC CONDITIONS OF SCHOOLS

It is customary for School Medical Officers on completing routine school medical inspections to submit to the Principal School Medical Officer a report on the school premises, including brief notes on cleanliness, heating, lighting, ventilation, water supply, washing arrangements, cloakroom facilities, sanitary arrangements, and the playground. Matters which appear to require attention or investigation are brought to the notice of the Director of Education.

Improvements to the sanitary, cloakroom and washing facilities, as well as heating and lighting installations, where this is desirable at some of the older schools in various parts of the County, have continued to be made.

Swimming Baths.

Although many of the schools include training for swimming in their curriculum, there is only one swimming bath in the County (outside Chesterfield Excepted District) for which the Education Authority itself is responsible; this is the open air bath at Ashbourne. Pupils from many schools in the locality use it, and the facilities have for some years now been made available to youth and similar organisations, as well as to members of the public. In 1962 the attendances of school children totalled 15,761 out of 19,564 attendances altogether. The bath is equipped with a modern treatment plant, which has proved reliable, and the standards attained, from a health aspect, have been admirable.

PROVISION OF MEALS, AND THE MILK-IN-SCHOOLS SCHEME

The following table gives particulars of the meals and milk provided on a day in September, 1962 :—

	Primary Schools	Secondary Schools
Number of children present	63,172	45,277
<i>Meals provided :—</i>		
Number of meals	31,833	24,703
% of numbers present	50.39%	54.79%
<i>Milk provided :—</i>		
Number of bottles	58,843	29,587
% of numbers present	93.15%	65.35%

Source and Quality of Supplies of Milk.

The Education Committee endeavour at all times to obtain the highest grades of milk, and it is pleasing to know that at the end of 1962, out of 641 establishments (including independent schools), 634 were receiving pasteurised milk. There are still six sources supplying raw Tuberculin Tested milk to seven schools, including two independent schools which take milk from their own farms. This situation is carefully watched and efforts are made to substitute Pasteurised milk wherever possible.

Sampling of school milk supplies was carried out by Mr. Rowley, the County Public Health Inspector. Pasteurised milks are submitted to the phosphatase test (for efficiency of pasteurisation), and raw milks to the biological test (for tubercle bacilli). Any pasteurised milk which fails to pass the phosphatase test is examined for tubercle bacilli as a matter of course. Canteen milk supplies are subjected to the same procedure.

Although there are eighty-five suppliers of milk to schools there are only twenty-eight sources of supply, as many retailers buy their milk from the major pasteurising establishments. Nevertheless, all supplies of pasteurised milk are sampled at least yearly, whilst supplies of raw milk are sampled at least twice yearly for biological examination.

The following table combines figures of both school drinking milk and canteen milk supplies :—

	Phosphatase		Tubercle Bacilli		Total No. of samples submitted
	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	
Pasteurised ..	93	—	22	—	93
Tuberculin Tested ..	—	—	12	—	12

INFESTATION WITH VERMIN

The Health Visitors and School Nurses carried out 220,549 examinations and re-examinations of Derbyshire school children during the year, in the course of which they discovered 1,372 individual children to have either nits or lice in their hair (mostly nits). This is just over 1.4% of the school enrolment. Ten years ago the Derbyshire figure was about 7%. The Authority's scheme for cleanliness inspections was last described in detail in my Annual Report for 1953, and it remains substantially unchanged.

As the Chief Medical Officer of the Ministry has said, "It is deplorable that children are allowed by their mothers to go to school with lice or nits in their hair. This is, essentially, a family problem and it is the duty of parents to keep their children free from vermin, and a duty far more easily achieved with modern insecticides." The large majority of the children are "clean", but it will still be necessary for the School Nurses, assisted by the Teachers, to continue the slow process of "Health Education", in the schools and in the homes of the people, in an endeavour to eradicate altogether this unpleasant and unnecessary condition.

SCHOOL CLINICS

The Ministry of Education asked for a return showing the school clinic facilities as at 31st December, 1962; a copy of the information given appears below. In subsequent pages of this Report more detailed information is provided.

I. NUMBER OF SCHOOL CLINICS (*i.e.*, premises at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics	29
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II. TYPE OF EXAMINATION AND/OR TREATMENT provided, at the school clinics returned above, either directly by the Authority or under arrangements with the Regional Hospital Board, for examination and/or treatment to be carried out at the clinic.

Examination and/or Treatment (1)	Number of School Clinics (<i>i.e.</i> , premises) where such treatment is provided—	
	Directly by the Authority (2)	Under arrangements made with Hospital Authorities (3)
A. Minor ailment and other non-specialist examination or treatment	28	—
B. Ophthalmic*	3	19
C. Ear, Nose and Throat	—	—
D. Orthopaedic	—	9
E. Paediatric†	—	—
F. Speech Therapy	26	—
G. Physiotherapy	1	—
H. Orthoptic	—	—
J. Sunray (U.V.L.)	2	—
K. Chiropody	—	—
L. Rheumatism and Heart	—	—
M. Asthma	—	—
N. Remedial Exercises	—	—
P. Vaccination and Immunisation	28	—
Q. Audiology	4	—
R. Others (specify)	—	—

* Arrangements made with the Supplementary Ophthalmic Service are returned in Column (2) and those made with the Hospital and Specialist Service in Column (3).

† Clinics for children referred to a specialist in children's diseases.

III. CHILD GUIDANCE CLINICS.

(1) Number of Child Guidance Clinics provided by the Authority—11.

(2) Staff of Clinics :—

	Number employed by		Aggregate in terms of the equivalent number of whole-time officers	
	L.E.A.	Hospital Authorities	Employed by L.E.A.	Employed by Hospital Authorities
Psychiatrists	—	2*	—	1.6
Educational Psychologists	8	—	2.5	—
Psychiatric Social Workers	—	—	—	—
Paediatricians, Play Therapists, Social Workers, etc. (<i>excluding</i> Clerks) (specify) :—	1	—	0.66	—
Social Worker	—	—	—	—

*—The County Council pays two notional half-days salary to the Hospital Authorities in respect of each of these two Psychiatrists.

New Clinics.

During the year under review the Clinic in Albert Street, Ilkeston, was extended and alterations were carried out to the interior of the existing building, in order to provide more adequate facilities for the clinic services.

The erection of a new Clinic at the Civic Centre, Swadlincote, was commenced during the year, and these premises were brought into use on 18th April, 1963. This new Clinic replaces the one in Alexandra Road, Swadlincote, which had been in operation since 1927.

It is anticipated that the building of a Clinic at Hope will start during 1963, and it is proposed to extend and modernise the Clinic at High Street, Clay Cross, and to extend the Clinic at Ripley during the same year.

Minor Ailments.

The Clinics at which facilities for treating minor ailments are available are set out below. Many clinics, however, were not called upon to treat any minor ailments. Most of the sessions when treatment is available are quite short, and are conducted by Health Visitors who are frequently attending the clinic premises for other purposes, such as for giving advice on infant welfare. At sessions attended by Medical Officers, it is possible to include the examination of special cases discovered at routine school medical inspections requiring more elaborate examination—(it will be realised that occasionally, due to the pressure of work at the inspections, the latter are not always practicable). Immunisation is also available on demand, as well as medical examination of children desiring to know if they are fit to undertake certain forms of employment.

Altogether, 802 children made 2,213 attendances.

Clinic	When Held	Number of Minor Ailment Clinic Sessions	Number of individual children who attended during the year	Total number of attendances during the year
Alfreton. Grange Street ..	Wednesday, a.m.	31	80	80
Ashbourne. St. Oswald's ..	2nd and 4th Wednesday, a.m.	11	10	49
Belper. Field Lane ..	By appointment	—	—	—
Bolsover. Welbeck Road ..	1st 3rd and 5th Tuesday, a.m.	—	—	—
Buxton Bath Road ..	Wednesdays, a.m.	145	6	8
Chaddesden. Maine Drive ..	Tuesdays, p.m.	—	—	—

Chesterfield. Brimington Road	2nd and 4th Thursdays, p.m.	—	—	—
Chesterfield Excepted District :—				
(a) Town Hall ..	Daily, a.m.	294	217	700
(b) Edmund Street, Newbold Moor	Monday and Thursday p.m.			
Chinley. Lower Lane ..	By appointment	—	—	—
Clay Cross High Street ..	Tuesdays, a.m. Wednesday, a.m.	25	124	124
Clowne. Creswell Road ..	2nd and 4th Tuesday, a.m.	5	1	15
Derby. Cathedral Road ..	Mondays, a.m. Wednesday, p.m.	—	—	—
Dronfield. The Grange ..	Fridays, a.m.	—	—	—
Eckington. Gosber St.,	By appointment	—	—	—
Frecheville, Fox Lane	By appointment	—	—	—
Glossop. George Street ..	Mondays, a.m.	224	327	1,144
Hackenthorpe. Main Street ..	Fridays, a.m.	—	—	—
Heanor. Wilmot Street ..	1st, 3rd and 5th Wednesdays, p.m. 2nd and 4th Thursday, p.m.	—	—	—
Ilkeston, Albert Street	1st and 3rd Tuesdays a.m.	62	28	71
Long Eaton. 4, Nottingham Rd.	Mondays all day..	3	—	—
Matlock. Causeway Lane ..	Tuesday, p.m.	—	—	—
Melbourne. Penn Lane ..	1st and 3rd Wednesdays, a.m.	—	—	—
New Mills. High Lea Hall ..	By appointment	—	—	—
Ripley. Derby Road ..	Tuesdays, p.m. 3rd Thursday a.m.	—	—	—
Shirebrook. Cliffe House ..	1st and 3rd Thursday, a.m.	—	—	—
Staveley. Lime Avenue	By appointment	6	—	—
Swadlincote. Civic Centre, off Midland Road ..	By appointment	44	9	22
Totals		850	802	2,213

Dental Work.

A statistical report appears in the Appendix. Mr. H. E. Gray, the Principal School Dental Officer, has provided the following report :—

“The aim of the School Dental Service is to enable children to leave school with good teeth and the knowledge of how to care for them. To achieve this, two essentials are required : properly equipped premises and a sufficient and stable staff to provide regular inspections and continuity of treatment over the years. The first has been fulfilled, there being 26 first rate clinics with up-to-date equipment throughout the county, but the second has for many years never been attained. Since the inception of the National Health Service in 1948, great difficulty has been experienced in obtaining staff and retaining it for a reasonable length of time. The past year was no exception. Two resignations and a retirement reduced the staff for much of the year to three full-time and one part-time officers, the lowest strength for ten years. However, towards the end of the year, three full-time and one part-time appointments were made, the full-time appointments (including a senior Dental Officer) being in the Chesterfield Borough Excepted District.

Whether there is enough staff or not, the stability of what there is, is essential to ensure the necessary continuity of treatment, whether the service be complete and comprehensive or only of a skeleton nature. If this is not so, then much of that which is done is wasted effort and expense.

Frequent staff changes in an area with varying intervals between one officer leaving and another taking over are disastrous. Programmes of inspection and treatment are established, only to be dropped, and surgery assistants specially engaged, left at a loose end. Children waiting attention following the school inspections do not receive it and others with treatment begun cannot have it completed. When a new officer does take over, the lapse of time and the progress of children through the school departments, necessitates beginning all over again. Parents are disappointed and dissatisfied with the past failure and tend to withhold their consent when another offer of treatment is given. This is well illustrated in one area, where there have been five changes of staff in the last eight years, with lengthy intervals before the resumption of service. Acceptance rates have fallen to the extent that 80% of the parents are refusing the offer of treatment. Only continuity of service and hard effort of the officer in the area can alter this and rebuild confidence in the service.

This contrasts markedly with other areas where it has been possible to maintain uninterrupted services over the years.

Such a state of affairs can only be avoided by the School Dental Service being able to attract and keep the right type of officer who is interested in the welfare of children and who is prepared to make his career in this field of dentistry. The past fourteen years has shown that this is not taking place. Indeed the position has steadily deteriorated and but for the small hard core of elderly staff, would have ceased altogether. Not until there is an approximate parity of

remuneration between the public dental officer and the general practitioner practising under the National Health Service, will sufficient staff be obtained.

Part-time officers with other interests and temporary full-time officers with general practice in view are no substitutes for officers who will make the school service their life's work.

Neglect in early life can have far reaching results in later life. An instance of this is the severe facial neuralgias, which cause great distress and are often very resistant to treatment. They have their origins in early adolescence due to the loss of the back teeth. This imposes undue stresses and strains on the joints of the lower jaw, in which arthritic changes occur with the associated pain.

It may well be that the future holds hope of better teeth and fewer dental troubles for the coming generations. Water naturally contains traces of various minerals and chemicals, some supplies being richer than others. One of these substances is fluoride and it is now known that fluoride helps to make strong teeth which do not decay readily and that people who live in parts where the water supply contains slightly more fluoride than areas in which there is only very little or none, have less dental decay and keep their teeth longer. By levelling up the supplies, so that the poorer ones are made similar to the naturally richer ones, it is possible to confer great dental benefit to the coming generations. This would eventually save millions of pounds each year spent on dental treatment.

Only two drops of fluoride are required for eight gallons of water to do this and the means of doing so at the water works present no great difficulty. Could such enriched water become generally available the need for large numbers of dentists would be much less urgent and in the School Service one officer would be able to inspect and cope with a greater number of children. Many more children than now would have sets of naturally sound teeth and the treatment of those who required it would be simpler and more easily done, to the relief and joy of both patient and dentist alike.

This is no idle fantasy. In the Heanor and Ilkeston districts of Derbyshire, the water, which is derived from within the hills near Matlock, has long been known to contain minute quantities of fluoride, somewhat less than the minimal amount required to have the most beneficial effect on the teeth. Observations over the last ten years have shown that children born and brought up in the area have teeth which are appreciably better and more resistant to decay than have the children of other areas of the county, where the water is lacking in fluoride.

The year's work was again a creditable achievement by the limited staff. Some 17,000 children were inspected (about one in seven of the school population) and offers of treatment given to 10,000. Over 6,400 received attention and for this, made 12,200 attendances. Conservative treatment was maintained at the increased

rate of the last few years, over 5,300 fillings being done. Extractions numbered 9,700, (2,121 being unsaveable permanent teeth, giving a ratio of permanent teeth saved to those lost of 2 to 1).

General anaesthetics were much used, there being 3,523 administrations.

In the field of orthodontics (the correction of irregularities of the teeth and jaws) the staff loss resulted in a reduction in the amount of treatment carried out. It was half of that of the previous year. Treatment for 30 cases was completed and at the end of the year 42 cases were still under treatment.

A Consultant and Specialist orthodontic service was recently set up by the Sheffield Regional Hospital Board, with a centre at the Derbyshire Royal Infirmary and the necessary highly technical laboratory facilities. Close and successful liaison has been established with satisfaction to all. Difficult and complicated cases which once produced many problems are now being treated much more speedily and satisfactorily.

Fifty two children were fitted with dentures, eight fewer than the year before.

As well as the work for the school children, over 500 pre-school children and expectant mothers were dealt with and the annual attention was given to the Day Nurseries, Children's Homes, Special Schools and the Centres for the Mentally Handicapped. Treatment for these classes was integrated with that for the school children on the ordinary treatment sessions.

The work of dental health education was vigorously followed up upon that of the past years and strenuous efforts made to try and offset staff shortage by encouraging greater self care for the preservation of the teeth. Talks, posters, leaflets, films and demonstrations played a large part.

Among the total number of children inspected, were some 3,300 classified as special inspections, i.e. inspections not made at routine school inspections, but at the clinics, when children attend at the request of the parents.

A significant change in the meaning of "special inspections" has taken place. In the past, special inspections were in nearly every case the result of urgent requests by casuals for extractions for the relief of pain. Now, as a result of the sustained educational work, more and more parents are arranging for their children to have six-monthly check-ups (and the same applies to pre-school children), irrespective of any routine school inspections. (Here it may be noted that when a child has had an inspection at school and later has another check-up at the clinic in the same year, no special inspection is recorded, as this would be counting the pupil more than once).

This is encouraged for it means that the dental officer can practice preventive treatment, many of the children requiring little or no attention less time is required and more children can be speedily dealt with, with the minimum amount of discomfort and less fatigue to the dentist and, above all, the knowledge that the treatment given can be guaranteed almost 100% successful in contrast to that which is often of doubtful worth, where there has been long standing neglect.

Mention has been made in previous years of the introduction of this policy, to offset the impossibility of carrying out yearly school inspections for the whole school population, and as the years pass, it has proved successful in maintaining, under the conditions of chronic staff shortage, as many children as possible dentally fit right up to school leaving age."

The Ministry of Education asked for a numerical summary of the staff of the School Dental Service on 31st December, 1962. The following return was provided :—

Staff of the School Dental Service

Principal School Dental Officer .. H. E. Gray.

(a) Officers employed on a salary basis.

	No. of Officers	No. in terms of full-time officers employed in the School Dental Service				No. of evening sessions spent on the School Dental Service
		Employed on morning and afternoon sessions		Employed on evening sessions		
		Dental work (other than ortho- ntics	Orthod- ontics	Dental work (other than orthod- ontics	Ortho- ntics	
Principal School Dental Officer . .	1	0.9	—	—	—	—
Dental Officers (includ- ing Orthodontists	4	2.7	—	—	—	—
Dental Auxiliaries	—	—	—	—	—	—

(b) Officers employed on a sessional basis :

Dental Officers (including Orthodontists ..	2	0.7	—	—	—	—
Totals (a) and (b)	7	4.3	—	—	—	—

(c) Other staff employed :

Dental Hygienists ..	—	—	—	—	—	—
Dental Surgery Assistants ..	10	7.7	—	—	—	—
Other staff (specify) ..	—	—	—	—	—	—

Visual Defects.

Treatment is provided at the Authority's Eye Clinics under two schemes as follows :—

(i) *Supplementary Ophthalmic Services.*

Medical Officers on the Ophthalmic List attend three clinics and are paid on a sessional basis by the Authority, which recovers from the Supplementary Ophthalmic Services Committee of the Local Executive Council a fee for each refraction carried out. Prescriptions for glasses are written on a form provided by the Supplementary Ophthalmic Services Committee and sent to the Secretary of that Committee so that arrangements may be made for the glasses to be provided.

(ii) *Hospital Eye Service.*

Nineteen of the Authority's eye clinics are conducted by Ophthalmic Consultants who have contracts with the Sheffield Regional Hospital Board. The spectacles which are prescribed are provided under arrangements made by the Hospital and Specialist Services.

School children, like other members of the community, may consult their private Doctors with a view to treatment and glasses being provided under the National Health Service.

Health Visitors are informed of the treatment prescribed for patients who attend County Eye Clinics, in order that they may be followed up and if there is any neglect in securing the treatment advised a report can be made with a view to the matter being rectified.

The following table shows the number of children who attended the eye clinics and the number of attendances :—

Eye Clinic	When Held	Number of Clinic Sessions	Children Attending Maintained Schools	
			Number of individual children treated	Total number of attendances
Alfreton. Grange Street ..	1st, 3rd and 4th Wednesday, p.m.	34	396	482
Belper. Field Lane ..	4th Friday, a.m.	8	79	173
Bolsover. Welbeck Road ..	1st and 3rd Wednesday, a.m.	17	112	173
Buxton. Bath Road ..	Each Monday a.m.	31	286	330

Chesterfield. Brimington Rd. ..	2nd and 4th Monday p.m. ..	12	134	186
Chesterfield Excepted District. Town Hall	Wednesday and Thursday, a.m. ..	77	773	1,147
Clowne. Creswell Road ..	2nd and 4th Friday, a.m. ..	17	187	213
Derby. Cathedral Road ..	2nd & 5th Monday, a.m. 1st, 3rd & 4th p.m.	46	702	813
Dronfield The Grange ..	2nd and 4th Friday, p.m. ..	14	129	147
Eckington Gosber Street ..	1st and 3rd Friday, p.m.	16	143	169
Frecheville. Fox Lane	2nd and 4th Wednesday, a.m. ..	14	114	132
Glossop. George Street ..	1st, 3rd and 5th Saturday, a.m. ..	—	—	—
Hackenthorpe. Main Street ..	3rd Monday, p.m. ..	9	138	146
Heanor. Wilmot Street ..	2nd Friday, a.m.	10	117	124
Ilkeston. Albert Street ..	1st and 3rd Friday, a.m. ..	19	266	274
Long Eaton. Grange School ..	2nd and 4th Tuesday, a.m. ..	17	219	232
Matlock. Dean Hill House, Causeway Lane ..	1st and 3rd Friday, a.m. ..	19	221	245
New Mills. High Lea Hall ..	4th Tuesday, a.m.	10	86	97
Ripley. Derby Road	2nd Wed., p.m. ..	11	119	134
Shirebrook. Cliffe House ..	1st and 3rd Friday, a.m. ..	18	237	282
Staveley. Lime Avenue ..	1st Monday, p.m. ..	8	76	108
Swadlincote. Civic Centre, off Midland Road ..	Alternate 2nd Thursday, p.m. .. every 4th Thursday	21	259	273
Totals .. ..	.. ..	428	4,793	5,880

Orthopaedic and Postural Defects.

Orthopaedic sessions, attended by Orthopaedic Surgeons employed by Regional Hospital Boards, were held at nine of the County Council's clinics. The following table indicates the attendances made by school children, 675 of whom made 2,484 attendances.

Orthopaedic Clinic	When Held	Actual Number of Clinic Sessions	Children Attending Maintained Schools	
			Number of individual Children treated	Total Number of attendances
Alfreton. Grange Street ..	Thursday, a.m. and p.m.	82	73	409
Derby. Cathedral Road ..	Thursday, a.m. and p.m.	94	176	420
Glossop. George Street ..	2nd and 4th Friday, a.m. and p.m.	78	105	404
Heanor. Wilmot Street ..	Friday, p.m.	46	9	32
Ilkeston. Albert Street ..	Wednesday, a.m. and p.m.	94	105	280
Long Eaton. 4 Nottingham Rd.	Friday, a.m.	46	31	168
Matlock. Dean Hill House, Causeway Lane ..	Tuesday, a.m. and p.m.	80	76	429
New Mills. High Lea Hall ..	2nd and 4th Monday a.m. and p.m.	40	32	88
Swadlincote. Civic Centre, off Midland Road ..	1st, 3rd and 5th Tuesday, a.m. & p.m.	93	68	154
Totals .. ..	.. .. .	653	675	2,484

Sunray Clinics.

During the year, 73 children made 578 attendances at the sunray clinics at the Town Hall, Chesterfield, and at Brambling House Open Air School, Chesterfield : 24 sessions were held.

HANDICAPPED PUPILS

In my last Annual Report I quoted the "Handicapped Pupils and Special Schools Regulations, 1959", which included definitions of the categories of "handicapped pupils" requiring special educational treatment. The "Handicapped Pupils and Special Schools Amending Regulations, 1962" (which came into force on 1st October, 1962) amended the definitions of pupils handicapped by impaired hearing, in order to take account of the greater use of residual hearing which is made possible by improved electronic aids and new techniques of special educational treatment. I am, therefore, setting out below the categories of handicapped pupils requiring special educational treatment, as defined in the two sets of Regulations mentioned above :—

- " (a) *blind pupils*, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight ;
- (b) *partially sighted pupils*, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight ;
- (c) *deaf pupils*, that is to say, pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language ;
- (d) *partially hearing pupils*, that is to say, pupils with impaired hearing whose development of speech and language even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils ;
- (e) *educationally sub-normal pupils*, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools ;
- (f) *epileptic pupils*, that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils ;
- (g) *maladjusted pupils*, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment ;
- (h) *physically handicapped pupils*, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools ;
- (i) *pupils suffering from speech defect*, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment ; and
- (j) *delicate pupils*, that is to say, pupils not falling under any other category in this regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools."

Return of Handicapped Children for the Year 1962.

Categories	Blind	Partially Sighted	Deaf	Partially Hearing	Physically Handicapped	Delicate	Maladjusted	Educationally Sub-normal	Epileptic	Speech Defect	TOTAL (1) — (10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(9)	(10)	
In the calendar year ended 31st December, 1962 :—											
A. Handicapped pupils newly assessed as needing special education in special schools or boarding homes	6	9	5	14	11	32	49	166	3	—	295
B. (i) Of the children included at A number newly placed in special schools (other than hospital special schools) or boarding homes	1	7	5	11	7	19	44	52	2	—	148
(ii) Of children assessed prior to 1.1.62 number newly placed in special schools (other than hospital special schools) or boarding homes ..	3	2	3	2	5	12	3	70	1	—	101
On or about 20th January, 1963 :—											
C. (i) Number of handicapped pupils requiring places in special schools—											
(a) day	—	—	—	—	—	—	—	189	—	—	189
(b) boarding	8	4	—	2	7	9	5	31	1	—	67
(ii) Included at (i) who had not reached age of 5 and were waiting—											
(a) day places	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places ..	5	—	—	—	—	1	—	—	—	—	6
(iii) Included at (i) who had reached age of 5 but whose parents had refused consent to admission were awaiting—											
(a) day places	—	—	—	—	—	—	—	10	—	—	10
(b) boarding places ..	—	—	—	—	—	—	—	2	—	—	2
D. (i) Were on registers of special schools											
1. Maintained											
(a) day pupils	—	8	9	1	8	75	88	389	—	—	578
(b) boarding pupils ..	5	9	9	12	26	20	8	106	2	—	197
2. Non-Maintained											
(a) day pupils	—	—	5	1	—	—	—	—	—	—	6
(b) boarding pupils ..	10	6	42	3	9	20	8	4	7	—	109
(ii) On registers of independent schools under arrangements by the Authority	—	1	2	—	10	2	19	14	—	—	48
(iii) Boarded in homes and not already included under (i) and (ii) above..	—	—	—	—	—	—	23	—	—	—	23
Total (D)	15	24	67	17	53	117	146	513	9	—	961

Categories	Blind	Partially Sighted	Deaf	Partially Hearing	Physically Handicapped	Delicate	Maladjusted	Educationally Sub-normal	Epileptic	Speech Defect	TOTAL (1)–(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
On or about 20th January, 1963											
E. Number of handicapped pupils receiving education under Section 56 of the Education Act, 1944											
(i) in hospitals	–	–	–	–	6	5	–	–	–	–	11
(ii) other groups (i.e. units for spastics)	–	–	–	–	3	–	–	–	–	–	3
(iii) at home	–	2	–	–	25	6	1	4	1	–	39

I am indebted to Mr. J. L. Longland, the Director of Education, for the following comments on the figures relating to handicapped children :—

“Ascertainment and placement during 1961 and 1962

	1961	1962
A. Pupils newly assessed.	291	295
B. (i) Of pupils included at A., No. newly placed in special schools	162	148
(ii) Of children assessed prior to 1.1.62 number newly placed	105	101

Waiting Lists.

C. (i) Awaiting admission to day schools	164	189
(ii) Awaiting admission to Boarding Schools	61	67
Total C.	225	256

Children receiving special education.

D. (i) On Registers of		
1. Maintained Special Schools		
(a) As Day Pupils	544	578
(b) As boarding Pupils	169	197
2. Non-Maintained Special Schools.		
(a) As Day Pupils	6	6
(b) As Boarding Pupils	97	109
(ii) On Registers of Independent Schools	48	48
(iii) Boarded in Homes	24	23
E. (i) Being educated in hospitals	13	11
(ii) Being educated in other groups or units	2	3
(iii) Receiving Home Tuition	39	39
Total D and E	962	1,014

There have been no great changes under any section since last year—the only significant changes being in the number of children waiting for places in day and boarding special schools (C(i) and (ii)), the number of children in maintained day and boarding special schools (D(i) 1 (a) and (b)) and the number of children placed in special schools during 1962 (B(i) and (ii)). In 1961 the opening of the Delves School and the extensions to the John Duncan School provided more places and the waiting lists decreased. As in 1962 no extra places were provided, the number of children placed during the year fell and the number of children waiting placement rose but even so the number placed exceeded the number discharged and the number of children on the registers of maintained special schools rose. It is anticipated that the opening of the Breadsall Boarding School in 1963 will assist in reducing the number of children waiting places.

Considering some of the handicaps separately :—

Blind.

Eight children on the waiting list. Two of these children have had periods of assessment arranged, efforts are being made to have assessments completed as soon as possible for two more and the other four have been ascertained as blind but local assessments and examinations etc. have not yet been completed and final recommendations have not yet been received on the type of education required and the schools to which application should be made.

Partially Sighted.

Four children on the waiting list.

Partially Hearing.

Two children waiting. One has since been placed.

Delicate.

Nine children waiting. Five have since been placed.

Maladjusted.

Five children waiting. Four have since been placed.

Epileptic.

The one child waiting has since been placed."

Special Reports.

(1) *John Duncan (E.S.N. Girls') Residential Special School.*—Dr. Kuttner states that :—

"John Duncan Residential Special School now has over 80 E.S.N. pupils accommodated in two houses. Boys have been admitted as boarders for the first time this year in addition to male day-pupils. Though the increased number of pupils means more work for every member of the staff at the school, individual attention has not lessened. The atmosphere is happy and newly admitted children feel secure and settled within a few days of their arrival. Educational achievements in most cases are excellent.

The food provided is plentiful and very good and helps to maintain a good standard of health. Any acute illness is being treated by one of the local General Practitioners whilst any other physical defect found by myself is referred to him and/or to a Specialist for attention. Audiograms are carried out on every pupil.

Difficult behaviour problems are referred to Dr. Thorpe whose co-operation we most appreciate. Lesser ones are dealt with by the staff most efficiently. Their devotion and achievements are praiseworthy throughout."

(2) *Overseal Manor (E.S.N. Boys') Residential Special School.*—

Dr. Allan has reported that—"Nineteen sixty-two was the final full year of the work of Overseal Manor School in its present location, for early in 1963 the School will be transferred to Breadsall. The Headmaster and the Matron have built up this School right from its beginning, not without much labour, sorrow and self-sacrifice. I greatly admire their achievement for over the years they have done so much to encourage and educate children who, for one reason or another, have not been able to cope with education in the ordinary School."

(3) *Talbot House, Glossop* :—Dr. M. Sutcliffe, the School Medical Officer who maintains regular and frequent contact with this School for children who are suffering from cerebral palsy, has reported as follows :

"Talbot House Special School continued to admit, irrespective of physical handicap, children of good average intelligence who would be likely to benefit from the educational programme, and the social and therapeutic activities provided.

Many children suffered from upper respiratory ailments but there were no notifiable infectious diseases until the winter term. One child who was a contact of measles during the October half-term holiday returned to school and developed the infection eight days later. Five other children were affected before the end of November.

During 1962, I made a survey of the different types of cerebral-palsied children who had attended the school since it opened in May, 1954, and noted the placement of the nineteen children who had left the school.

In the series of forty children whose ages ranged from six to eleven years on entry, twenty-eight were spastics, three were atetoids, one suffered from ataxia, four from mixed forms of cerebral palsy, and four from other kinds of cerebral damage.

Of the nineteen children who had left the school three improved sufficiently for admission to ordinary schools, two were able to attend a day school for delicate children, and two were transferred to schools for the physically handicapped. One child whose mental ability proved to be below the standard expected was found a vacancy in a school for educationally subnormal children. Another child who was unsuited temperamentally was admitted to a school for maladjusted spastics, two others were recommended home tuition, while eight children reached school leaving age.

Vocational training and placing in industry of the severely handicapped school leavers has proved very difficult though every effort is made by the Youth Employment Service and the Headmaster to find suitable work or arrange appropriate courses of training. Two sixteen-year olds were so badly disabled that they needed permanent care, and admission to long-stay residential homes was the only possible course of action. Two others, who were probably unemployable, entered orthopaedic hospitals for further operative treatment.

Three, who are at home, are finding adaption to life in the community far from easy. The eighth child has been accepted for training in a National Spastics Society Continuation School and will, no doubt, become economically self-supporting.

Though every child who has passed through the school has improved socially and physically and gained a wider experience, it has to be accepted that the severe physical handicaps of a minority will preclude gainful employment even under sheltered workshop conditions."

(4) *The Brackenfield Day Special School (E.S.N. Mixed)*, Long Eaton :—Dr. Hamilton reports—"This school is at present suffering from the shortage of a teacher who has gone on a year's course and has not been replaced. This has resulted in the closing of the "Special Unit", a class in which children who were border-line or difficult, could be kept and given special attention.

Mention should be made of the very successful work being done with educationally subnormal children in several Junior and Secondary Modern Schools. Results compare very favourably with those produced by the school for E.S.N. pupils only."

(5) *The Delves Day Special School (E.S.N. Mixed)*, Swanwick—

Dr. Weyman states :—"This school is now full and has a waiting list. The school has settled down very well indeed since it opened in September, 1961. Some of the children can hardly be recognised when compared with their physique, behaviour and attainments on admission. The most obvious improvement is in tidiness and cleanliness. Part of the curriculum of the school is personal hygiene. It is important to bear in mind that these children learn more slowly than others and that more time must be spent on basic essentials.

The Headmaster, the staff of the school and the School Nurse are to be congratulated on the way in which this progress has been obtained and is being maintained."

(6) *Stretton House Hostel* :—Dr. Singer noted that—"The children at Stretton House Hostel are well cared for—their physical well-being undoubtedly improves after admission due, of course, to a variety of reasons."

Young Children Handicapped by Impaired Hearing

On 18th September, 1961, the Ministries of Education and Health issued a Circular under this caption, which I quoted in full in my last Annual Report. On 25th September, 1962, the Ministry of Education issued Circular 10/62 which gave some further notes for the guidance of those concerned in the placement of deaf and partially hearing children in suitable schools. As mentioned on page 27 of this Report, the definitions of pupils handicapped by impaired hearing have been amended in order to take account of the new developments in the education of such children and in the use of hearing aids and other auditory equipment in stimulating the use of even a small amount of hearing. Circular 10/62 points out that "By substituting the term "partially hearing" for "partially deaf" it has been possible to reflect a more positive approach to the use of residual hearing and in this way to underline the importance of early diagnosis." The Circular also mentions that "Late diagnosis of impaired hearing may give rise to difficulties when a decision has to be made about a child's placement. It is important that adequate screening for hearing loss of young children, both in early childhood and again when they start school, should be undertaken. Ideally, all young children should be submitted to a test of hearing."

I wrote concerning this matter to the Senior Administrative Medical Officer of the Sheffield Regional Hospital Board in February, 1962, describing the steps which had been taken in this County so that a comprehensive system of early ascertainment could take place. Although I quoted that letter in my last Report I feel it is worth while repeating it below in view of the importance of the subject and the current interest in the matter :—

"You have had some correspondence over recent months with my Department on this subject, particularly concerning circulars 14/61 of the Ministry of Education and 23/61 of the Ministry of Health addressed to Local Health and Education Authorities (England); H.M. (61) 89 addressed to Regional Hospital Boards and Hospital Management Committees; and E.C.L. 79/61 addressed to the Clerk of Executive Councils on 18th September, 1961.

I have reported the receipt of these circulars to the appropriate Committee of my own authority. I have also contacted the Derbyshire Local Medical Committee, as well as the Consultant E.N.T. Surgeons at Chesterfield and Derby respectively.

At the consultation with the Local Medical Committee it was agreed that it was important that the arrangements should ensure co-operation with the general medical practitioners, so that a comprehensive system of early ascertainment could take place. Incidentally, the general medical practitioners "may be among the first to find or to be made aware of defects in hearing, of which there may sometimes be a history in the child's family". References to Consultant Otologists should always take place through the family doctor. In this connection I am setting out as a footnote to this letter a resolution of the Annual Representative Meeting of the British Medical Association passed in 1950, which, incidentally, has also been approved by the Society of Medical Officers of Health. All the Health Visitors in the county have now been trained in carrying out tests on young children's hearing. The Health Visitors will screen all children "at risk"—this accounts for some 20% of the total births. The screening will take place at ten months and again at eighteen months. Children who fail the screening test will have a hearing test carried

out by a Teacher of the Deaf and a medical examination by a School Medical Officer. A third test, including one by pure tone audiometry will be carried out just before or just after the child enters school.

Regarding older children, there are four pure tone audiometers available in the County at the present time for use by the School Medical Officers. Arrangements have been made for all the pupils at the Special Schools conducted by my Authority to have a hearing test. A special class has been established at the New Whittington County Primary School, Chesterfield, for detailed investigation of children who fail the initial screening test. This special class acts in a sense as an assessment centre where assessment is carried out by Mr. Rawden, a teacher of the Deaf on the staff of the County Council, and a School Medical Officer, with the assistance, if necessary, of an Educational Psychologist. Arrangements have also been made for Mr. G. E. Mann, F.R.C.S., the Consultant Otologist at the Chesterfield Royal Hospital, to attend the unit whenever required, apart from regular visits he makes to observe the progress of the children.

A second Teacher of the Deaf, Miss Kennerley, has recently taken up duty for work in the South of the County. The County Council's Clinic at Belper has accommodation available to carry out the same sort of assessment as is already provided at the New Whittington School, Chesterfield, for the North of the County. Here again a School Medical Officer with a special interest in problems of the deaf will attend all diagnostic sessions. Mr. R. L. Flett, F.R.C.S., the Consultant Otologist at the Derbyshire Royal Infirmary and the Children's Hospital, Derby, has agreed to see cases who are referred to him.

I think what has been agreed to and arranged is reasonably satisfactory at the present time, but I have a feeling that the service may grow as it becomes better known and it may be necessary to arrange for the provision of further centres.

Footnote :—Extract from the Year Book, 1962, of the British Medical Association, under the caption "Some important Decisions on Questions of Policy" (page 179) :—

'School Health Service and Pre-school Clinics

1. Where, in the opinion of a medical officer employed by a local Authority, a child needs special investigation (other than an ophthalmic examination) or treatment, he should send the child to a specialist only after prior consultation with the child's own doctor, upon whom rests the responsibility for general medical care.

2. In consulting the general practitioner, the medical officer should give him the opportunity to make the arrangements for the consultation or to agree—by replying or in the absence of a reply—that the arrangements should be made by the Medical Officer.

3. A copy of any special report on the child received by the Medical Officer should be sent to the child's own doctor."

Cardiac Register

During 1957 a Medical Officer of the Ministry of Education suggested that in order to obtain a record of the incidence of cardiac defects over a number of years a "cardiac register" should be established by the Authorities in the North Midlands Division, which is ideally suited to this purpose geographically because four of the counties have a hospital centre in the County Town which is in each instance the only County Borough to which centre cardiac cases would naturally be referred for a Consultant's opinion. During the past few years I have set out in my Annual Reports the findings in Derbyshire in this

connection. The figures for 1962 are given at the end of this paragraph. The Ministry have now intimated that this special annual return will not be required in the future. It is understood that "the incidence of cardiac disease had remained remarkably constant over the years in which the register had been in existence, and that the majority of children with cardiac lesions were able to attend ordinary schools".

1. Total number of cases of children on the Derbyshire Register 123

2. *Diagnosis—Congenital :—*

1. Congenital (no specific diagnosis)	55
2. Aortic stenosis	3
3. Septal defect	9
4. Ventricular septal defect	17
5. Fallots tetralogy (operated)	1
6. Aortic stenosis with ventricular septal defect	1
7. Patent ductus (ligated)	6
8. Patent ductus	1
9. Fallots tetralogy	3
10. Interventricular septal defect	5
11. Septal defect with mitral valve involvement	1
12. Co-arctation of aorta (operated)	2
13. Atrial septal defect with heart block	2
14. Pulmonary stenosis	2
15. Atrial septal defect with pulmonary stenosis	1
16. Fallots tetralogy with Blalock's operation	1

Rheumatic :—

17. Mitral stenosis	3
18. Mitral incompetence	1
19. Others	9

Most of the children with no definite diagnosis have been investigated in hospital; some are awaiting further investigation. Of the 123 children, 115 attend ordinary schools; 1 attends a Training Centre; 1 is in a special school; 5 are pre-school children; and 1 is awaiting admission to hospital.

Children unsuitable for education at school, and school leavers requiring care from Health Authorities

The "Medical Examinations (Sub-normal Children) Regulations, 1959" prescribe the qualifications required of medical officers undertaking the examination of pupils to ascertain whether they need attention in a special school for educationally subnormal pupils, or whether they are suffering from such a disability of mind as to make them unsuitable for education at school. The Regulations were quoted in my last Annual Report.

A decision by the Education Committee to "report" a child as unsuitable for education at school is to be regarded not only as a negative decision, that the Education Authority cannot educate the child, but also as a positive step to enable the Health Authority to make or arrange for more suitable provision. The parents of a child who has been found to be unsuitable for education have a right of appeal to the Minister of Education against the decision to "report" the child, and may also request the Authority not more than once a year to review their decision.

During 1962, 29 boys and 20 girls were "reported" by the Education Authority to the Local Health Authority. On the other hand, one boy and one girl who had previously been reported to the Local Health Authority were re-examined and found to be no longer unsuitable to receive education at school : the original decisions were, therefore, cancelled.

Maladjusted Children

As reported in the last two Annual Reports, the Manchester and Sheffield Regional Hospital Boards have agreed to employ two Consultant Children's Psychiatrists, each for 9/11ths of whole-time, the County Council paying 2/11ths of their respective salaries. I set out last year the broad programmes which have been arranged, which include visits to hospitals, hostels, special schools, and the County Council's Child Guidance Clinics.

The County Council's establishment authorises the appointment of eight Educational Psychologists, who work partly in the Schools Psychological Service and partly in the Child Guidance Service; four Psychiatric Social Workers; and two non-medical Psychotherapists. It is pleasing to say that the posts of Educational Psychologists have been filled, but it is regrettable that the posts of qualified P.S.W's and Psychotherapists are at present vacant, although a part-time Social Worker served in Chesterfield throughout 1962, and arrangements have been made for a part-time Social Worker (who is qualified as a Health Visitor) to serve in the north-west of the County from February, 1963.

Dr. F. G. Thorpe has provided the following report on the work done in the Child Guidance Service in the north of the county during 1962 :—

"At the time of writing my last Annual Report, alterations were in progress at Brambling House. These were completed during the first few months of 1962, as a result of which two additional rooms were created. We are now pleased to welcome Miss Lane, an Educational Psychologist, into the Centre where she has a well equipped office for her personal use. This means the team for the Borough and the North East are finally under one roof, and, combined with the fact that we are now to have adequate clerical help, it seems as though our hopes for the future are gradually to be realised.

The Child Psychiatric Services in the North of the County have dealt with 256 new cases during 1962, which is a slight increase over the preceding year. It will be remembered that in my last Annual Report an analysis was made of new cases referred in the North Derbyshire area, from the point of view of assessing the types of cases referred. This year the 130 new cases referred to Brambling House Children's Centre have been subjected to similar analysis, the results of which are tabulated below :—

Nervous Disorders	..	45	Behaviour Disorders	45
Psychotic Disorders	..	3	Habit Disorders	.. 17
			(including 10 enuretics)	
Organic Disorders	..	5	Educational and Voc-	
			ational Difficulties	13
Normal Cases	..	2		

Of these cases, 62% came from the North East and Mid. Derbyshire. The sex distribution of cases referred shows that we saw twice as many boys as girls. Two thirds of the girls were referred with essentially nervous disorders; in contrast two thirds of the boys referred had behaviour disorders. This follows national trends and is about the distribution one would expect in an area of this sort. At the Centre there were 1,144 interviews with patients and 563 interviews with parents, which is approximately a similar turnover to the preceding year.

On March 24th we had the honour of acting as hosts to the Midlands Child Guidance Group, who held their spring meeting at Brambling House; Dr. A. C. Woodmansey, Consultant Children's Psychiatrist from the Sheffield Children's Hospital read a paper. The meeting was well attended and followed by a lively discussion which proved to be equally enlightening as the lecture itself. An interesting afternoon was spent renewing old acquaintances and meeting colleagues from neighbouring clinics. We hope to welcome the group to one of our other clinics again some time in the future and take this opportunity of thanking the local Authority for letting us use their accommodation for such purposes.

During the year we also had a visit from the nurses of Whittington Hall Hospital, who were introduced into the work of a Child Guidance Clinic as part of their training programme.

Hostel visits have continued as before. The children in both hostels continue to be well-cared for and show obvious signs of improvement as a result of the help they receive from the staff. At Holly House one case of acute schizophrenia in an adolescent girl necessitated urgent admission to hospital for psychiatric treatment. I am pleased to report, however, that she responded favourably and has now returned home. There is a great need for suitable in-patient accommodation for cases of this kind to avoid admitting them to adult psychiatric wards. It is welcome news, therefore, that the Sheffield Regional Hospital Board has now opened an Adolescent

Unit for the psychiatric treatment of boys at Rauceby Hospital, Sleaford, Lincs. There is still a great need for additional psychiatric time at both Hostels and it is hoped that this will be arranged for during the coming year.

The work in the remaining clinics in my area has continued as during the preceding year. Facilities offered by the new Child Guidance Clinic at Buxton seem to be appreciated by the general practitioners of the area, who are referring increasing numbers of patients. It is regretted, however, that we are still without a Psychiatric Social Worker, and at the time of writing this report, there seems little likelihood of getting one. This necessarily limits the amount of work that the Consultant Psychiatrist can cope with and in particular prevents continued case work with the "family unit".

I would like to close by extending my thanks to the Principal School Medical Officer and his staff for their co-operation during the past year."

Dr. D. J. Salfeld has provided the following report on the work done in the Child Guidance Service in the South of the County during 1962 :—

"No significant changes have occurred in the staffing position of the Child Guidance Service. Particularly the continued absence of a Psychiatric Social Worker is curtailing our usefulness. I am sure that this problem is a most weighty one and makes itself continually felt. Similarly the limitations with regard to in-patient observation and treatment persist and are, it appears, not likely to improve.

If the numbers of patients, and the attention they receive, are considered it would appear that the services required are slowly but continually increasing and it is sometimes acutely felt that staff time is too short.

Whilst it is recognised that the statistical classifications are somewhat artificial, as it has to be in work the assessment of which is to some extent subjective, we feel that we probably have maintained, or even improved, the standards of our previous work, but we hope that the time will soon come when further expansion and improvements can be looked forward to.

As always, co-operation with the various authorities and agencies concerned with our patients besides our service has been good on the whole, and it would seem that instances of closer consultation and communication are increasing.

If we may look into the future we may say that our greatest needs are the provision of residential accommodation and a review of the staffing position with a view to increase of available time and personnel.

As always, we have benefited from the co-operation of the County Medical Officer and his staff, to whom we are grateful."

Statistical Information (excluding work done at Brambling House, Chesterfield)—

CHILD GUIDANCE WORK		CHILD GUIDANCE WORK	
(1) Cases Closed during 1962 :—		(5) SUMMARY :—	
(i) Adjusted	11	(i) Number of "current cases"	315
(ii) Improving	42	(ii) Number of "closed cases"	116
(iii) Unadjusted	6		
(iv) Miscellaneous	33	Total Number of Cases dealt with during 1962 ..	431
(v) Diagnostic and advice only	24		
Total	116	(6) Number of Cases on Waiting List for first interview as at 31st December, 1962 ..	18
(2) Cases having regular Interviews for Psychiatric Treatment, Play-Therapy, or Remedial Teaching :—		(7) Psychiatrist's Interviews with Patients	
Psychiatrist—		Psychiatrist's Interviews with Parents	746
(i) Making satisfactory progress	10	Psychiatrist's Visits :—	740
(ii) Some improvement ..	34	(i) to Schools	2
(iii) No improvement	15	(ii) to Homes	4
Total	59	(iii) to Institutions	88
(3) Cases having only Occasional Interviews, or under Supervision :—		Number of Interviews with Probation Officers, Social Workers, etc.	18
(i) Making satisfactory progress	12	Number of Reports to Magistrates	5
(ii) Some improvement ..	48	(8) Educational Psychologists' Visits :—	
(iii) No improvement	49	(i) to Schools	117
(iv) Diagnostic and Other ..	79	(ii) to Homes	18
Total	188	Number of Child Guidance Cases tested	214
(4) Cases Recently Opened ..	4		

The following Table indicates the sources from which patients were referred to the Child Guidance Service during the year :—

School Medical Officers	..	..	..	..	62
Private Doctors	..	..	..	..	40
Hospitals	..	..	..	..	10
Teachers	..	..	..	..	53
Courts and/or Probation Officers	..	..	..	..	7
Others	..	..	..	..	26
					<u>198</u>

Speech Therapy

During the year, 226 Derbyshire pupils received Speech Therapy.

Although the establishment authorises the employment of eleven Speech Therapists (including one in Chesterfield Excepted District and one at Talbot House Special School), the shortage of candidates is such that at the end of 1962 we had the services of only one whole-time and one part-time Speech Therapists.

The highest number we have ever been able to appoint was 6 whole-time and two part-time officers. The Report of the Chief Medical Officer of the Ministry of Education for 1960 and 1961 mentions that "Some areas have been without speech therapists for years and others are inadequately staffed. The shortage is due to loss of therapists through early marriage. Most married therapists who are available for whole or part-time employment appear to live in the south of England where there is little or no staff shortage." The Ministry Report goes on to say that "Experience shows that one whole-time therapist for 10,000—15,000 school children is a reasonable staffing ratio. On this basis, about 650—700 therapists are required for children in maintained schools in England and Wales. In 1961 the equivalent of 392 whole-time therapists were employed by local education authorities and the annual output of therapists was about 80 in England and Wales. In that year, the net increase in therapists in local education authority service was only 22." Early in 1963 the Minister of Education stated that there were 20 local education authorities in England and Wales without the services of a speech therapist.

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The steps which are taken to minimise the risk of school children becoming infected by adults who are suffering from tuberculosis remained as set out fully in my last Annual Report.

MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS

Candidates applying for entry to teachers' training colleges are required to be medically examined concerning their fitness to follow a course of teacher-training. The examinations are carried out by School Medical Officers.

The Minister of Education has said that it is not practicable to require an x-ray examination of the chest of all entrants to training (although, of course, an x-ray will be taken if in the opinion of the examining medical officer it is desirable).

Intending entrants to the teaching profession who complete an approved course of training are examined by the College Medical Officer at the end of the course. Other entrants to service are examined

by the School Medical Officer of the appointing education authority. It is a requirement of the Minister of Education that an x-ray examination of the chest is included as an essential part of all medical examinations on entry to the teaching profession.

The Derbyshire Education Authority administers a Teachers' Training College; students completing training are x-rayed and the results made available to the College Medical Officer.

During the year the following examinations were carried out by School Medical Officers :—

Entrants to Training Colleges, Departments of Universities and Approved Art Schools	456
Entrants to the teaching profession	133
X-ray examinations of entrants to the teaching profession and temporary teachers	217

MEDICAL EXAMINATIONS OF CHILDREN FOR EMPLOYMENT

During the year the School Medical Officers examined 634 pupils desiring to undertake part-time employment, and a certificate of fitness was given to 630.

PREVENTIVE INOCULATIONS

Details are given in my Annual Report as County Medical Officer of Health of various schemes for providing preventive inoculations against several diseases. These schemes come under the jurisdiction of the County Health Committee, as the services are provided under Part III of the National Health Service Act. However, since school children derive much benefit from them it is fitting to refer briefly to them here, particularly as the help and co-operation of Teachers is of great value to this aspect of the health services.

The arrangements for providing the inoculations continue on the lines which have been outlined in earlier Reports. The conditions against which protection is offered are as follows :—diphtheria, poliomyelitis, smallpox, tetanus, tuberculosis and whooping cough.

The numbers of children between five and fifteen years of age who were immunised against diphtheria, smallpox, or whooping cough were as follows :—

<i>Primary Immunisations</i>			<i>"Booster" Doses</i>	
	1961	1962	1961	1962
Diphtheria ..	2,400	700	6,808	3,369
Whooping Cough	461	234	—	—
Smallpox ..	232	16,624	66	3,511

It will be noticed that the number of immunisations against diphtheria dropped considerably. There were no cases of diphtheria in this County during 1962—but during 1961, after five successive years without a case occurring, there were two cases. This indicates the need for continued watchfulness concerning the prevention of this disease.

On the other hand, whilst there were no cases of smallpox in Derbyshire, considerable publicity was given to epidemics of this disease elsewhere in the country. The numbers vaccinated against smallpox, as shown in the above table, rose considerably above the figures for previous years.

As regards vaccination against poliomyelitis, separate figures for school children are not available, but during the year, 8,091 persons received a complete course of three doses of oral (live) vaccine ("Sabin"), 17,615 persons received a third dose of oral vaccine after having had two injections of "Salk" (inactivated) vaccine, and 12,834 children received a fourth dose of oral vaccine after having had three injections of "Salk" vaccine, making a total of 38,540 persons. In addition, 10,780 patients received two injections of "Salk" vaccine, 18,068 received their third injection and 5,541 children received their fourth injection.

Bacillus Calmette Guerin (B.C.G.) Vaccination against Tuberculosis. The object of this form of vaccination for school-children is to provide them with some protection against tuberculosis when they leave school and are more likely to come into contact with the disease. Briefly, the procedure is to skin test the pupils and the negative reactors are then vaccinated with B.C.G. The Ministry of Health supply the materials for skin testing and the actual B.C.G. The School Medical Officers carry out this work and it is essential they be trained in the technique of the procedure. The County Health Committee has therefore sanctioned them attending approved courses of instruction. The scheme applies to children from the age of 13 upwards and to students attending Universities, Teacher Training Colleges, Technical Colleges or other Establishments of further education. The following figures give details of the numbers dealt with during 1961 and 1962:

	Schools		Establishments of further education	
	1961	1962	1961	1962
Number of schools or establishments of further education	75	79	4	2
Number of children or students offered B.C.G. vaccination ..	9,459	7,983	390	56
Number of children or students whose parents gave consent and who were skin tested	6,032	6,288	220	37
Number found "positive"	1,178	1,606	28	16
Number found "negative"	4,644	4,561	185	21
Number vaccinated with B.C.G. ..	4,566	4,418	175	21

REPORTS RECEIVED FROM SCHOOL MEDICAL OFFICERS

The following are relevant extracts from reports which I have received from individual School Medical Officers, but I must state that while it is important they should be free to express their opinions on the physical conditions that they find in schools, both the Director of Education and I feel, in all fairness, that it should be borne in mind that the Education Committee are carrying out improvements as rapidly as they are permitted within the financial limits imposed by the Ministry of Education, who are responsible for the allocation of the "financial cake" which is available for the country as a whole.

Dr. JULIA CORRIGAN, the Senior Medical Officer for the School Health Service and for Health Education :—

"Children with Impaired Hearing.

Young Children : All the Health Visitors are trained and equipped to do screening tests on babies and young children, and this testing is now well under way.

Sweep Testing in Schools : Five School Medical Officers attended the course in Manchester on testing for deafness. Three more will attend in 1963. Sweep testing of five year olds in school has begun and will eventually become a regular part of the service. There continues to be, of course, case finding outside these routine tests, by School Medical Officers, Health Visitors and Teachers of the Deaf.

There is great co-operation between Teachers of the Deaf and the School Health Staff which makes the work so much easier. Children are referred to the two diagnostic units : one in Chesterfield Borough for the northern half of the county, conducted by the Borough Medical Officer of Health and the Teacher of the Deaf; and one in Belper for the southern half, conducted by the Teacher for the Deaf and a School Medical Officer. The main part of the work is done at these two centres but less frequent sessions are held in other clinics to avoid too long journeys by parents and young children. A room in the new clinic at Swadlincote has been treated with acoustic material for this purpose.

Many children with impaired hearing can remain in ordinary schools—the Teachers of the Deaf keep them under supervision to see that they get the maximum benefit from their hearing aids and from suitable classroom placing.

Health Education in Schools

After the introduction of Lorexane in 1960 it was hoped that by 1962 the problem of head infestation would be solved. The first six months' figures appeared to show that this was so but in two areas where there was only a relief Health Visitor a few schools became heavily infested, thus making the overall figure as high as in previous

years and indicating that routine hygiene inspections are still necessary. Nevertheless the time spent on hygiene inspections is much less than formerly and accordingly the Health Visitor with the co-operation of the Head spends more time on giving talks and showing films on subjects relating to health. We have a large library of films and filmstrips from which we can choose.

Subjects dealt with in 1962 included :—Care and structure of the skin; How to keep clean and why; Dental Hygiene; Oral Hygiene; Personal Hygiene etc; Home Nursing—1 course and various talks; Story of Menstruation—Film; Growing up; Work of the Health Visitor; Smoking and Lung Cancer; Eyes—Film; Ears—Film; Tuberculosis—Film; Care of the Feet; Diet and Nutrition; Home Safety; Make-up and Hygiene; How to catch a Cold—Film; Unwanted Guest—Film; Nutrition and Health; School Health Service; The Best of Yourself; Your body during Adolescence—Film; Child Care.”

DR. G. KUTTNER (Whole-time) (Part of N.W. Division) :

“(1) The *general health* of the children in my area has remained satisfactory. They are almost generally well-fed and well-clad. The main defects found during medical inspections are vision defects, minor orthopaedic defects, and, above all, dental caries. The widespread lack of dental hygiene is most regrettable—a large number of children of secondary school age never clean their teeth—advice on a sound diet is all too often rejected and the resistance of parents to dental treatment for these children is often unsurmountable. I have heard it said more than once that “they can have dentures as soon as necessary”. It is the more puzzling to find hardly any neglect of dental care in pupils at grammar schools who attend the dentist regularly, while their brothers or sisters at secondary modern schools refuse to do so.

Nail-biting seems to be for ever on the increase—amongst pupils and their parents alike—possibly due to idle hands while watching television. Enuresis nocturna has, probably, always been prevalent but is brought to our notice more since parents read and hear about “enuretic alarms”. The provision of the latter on loan has been invaluable in curing many a long-standing enuretic. I have not seen any true school phobia this year. A fair number of children always find it difficult to adjust themselves to the higher educational demands and the more impersonal approach in large secondary modern or grammar schools during their first year of attendance but most of them settle after a while with some persuasive help.

Attendances of parents at school medical inspections is excellent, except for school leavers who tell their parents that “they do not want them”. A problem, all too often revealed during examination of the 11 year old child, is : sex-education or rather the lack of it. Though an increasing number of parents ask me to recommend a book on the subject, an even larger number admit that they are unable to prepare their daughters for menstruation. There is, perhaps, a

demand for co-ordinated effort of teachers, Health Visitors and ourselves to approach this problem, preferably during the last year in the junior school.

(2) *Cleanliness of the pupils :—*

Pediculosis : A hard core of constant offenders remains in part of the area, easily infesting normally clean children and taking much of the Health Visitor's time in her unfailing efforts to eradicate this core.

I have seen no impetigo this year, but a few cases of scabies.

(3) *School meals and milk in schools* are enjoyed by the majority of children.

(4) *The hygienic conditions of schools* : Much is being done to improve sanitation in most schools now.

(5) *Immunisation procedures* : Widespread smallpox vaccinations have been carried out by General Practitioners this year following the near-by outbreak of the disease.

Since triple antigen or diphtheria and tetanus combined antigen came into general use, acceptance of immunisations has been higher than before.

The majority of school children have been fully covered by poliomyelitis vaccination. Response to B.C.G. vaccination remains satisfactory.

(6) *Inter-relationship between the National Health Service and the School Health Service* is cordial and helpful mutually.

(7) I would particularly like to stress the invaluable help and co-operation I have always received from every member of the *Youth Employment Service* who never seem to fail to place even problematic candidates in suitable employment in spite of the shortage of vacancies."

DR. F. D. F. STEEDE (Part-time) (Part of N.W. Division) :

"(1) *The general health and well-being of the children* remains very good in the Borough of Buxton generally, and where it falls below the average one frequently finds that the mother is a widow who is having a considerable struggle to make ends meet. Dental caries is, however, still much in evidence and the continued inability to recruit a School Dental Officer for the Buxton Clinic is a matter for great concern; fluoridation, however, will be of considerable assistance in this respect now that it has had official ministerial endorsement and it is to be hoped will be implemented locally, where it is eminently technically feasible without any undue delay.

(2) *The physical condition of the children* in my opinion is by and large of a very high standard.

(3) *The cleanliness of the pupils* is satisfactory. Pediculosis capitis is comparatively rare, but is nevertheless persistently found in some families in spite of assiduous hard work by the Health Visitor concerned. Scabies has not occurred locally.

(4) *School Meals* : This is an excellent service, though undoubtedly the meals are more attractive in those schools which have their own cooking facilities. I must in passing pay tribute to the assistance I have had from the Area School Meals Organiser, Mrs. Harraway, in screening the school meals staff during November when Sonne Dysentery became prevalent in the town. Two of the School Meals Staff were put off work as "carriers", though only one was confirmed bacteriologically. With regard to routine procedure I should like to see a very small portion of the meal retained for twenty-four hours in a refrigerator to be available for bacteriological investigation in the event of a food poisoning outbreak, when it would be of very great assistance and might be a major factor in clearing the Service from any implication therewith.*

(5) *The hygienic conditions of the schools* for which I am responsible are now, I am glad to be able to say, with few exceptions, satisfactory. All have paper disposable towels and hot water for hand washing is generally universally available. In the older schools however, a special room for routine medical inspections is absent and even in the new buildings the provisions in junior and Infant schools are inadequate in that dressing rooms are not provided, which leads to unnecessary waste of time if privacy is to be ensured.

(6) *Infectious disease* was minimal and though influenza was widespread in January the adult population was more severely affected and the school attendance rate was hardly significantly altered. In the Autumn term Sonne Dysentery became prevalent and involved a good deal of extra work, both for the Health Department and the School Staff; for their co-operation in reporting cases I am particularly grateful, and also for putting up with often irksome requirements and occasionally restrictions as considered necessary.

* In this connection, the following report was submitted to the Special Services sub-Committee in June, 1959 :—

"School Meals Service—Sample Meals. In most areas of the country it is the practice to retain a small sample of every commodity used in the meal for a period of 48 hours so that it can be analysed if there should be an outbreak of food poisoning. The Inspectors think this should now be done in Derbyshire. Members of Dr. Morgan's staff have been called on to investigate nine cases between 1948 and 1956 in which there was some suggestion that school meals may have been responsible : it was usually impossible to be sure of the source of the alleged food poisoning and the existence of these samples would have helped to determine whether the school meal was, or was not, responsible. But it would mean keeping samples of 40,000 meals a year in order to investigate perhaps one or two cases each year. The analysis of samples is of some value in studying the causes of an epidemic but the main advantage is in being able to refute (or confirm) allegations against the school meals service."

The Committee decided not to agree to the suggestion that sample meals be retained in all kitchens for a period of 48 hours.

(7) I have been particularly interested in the problem of *nocturnal enuresis*, for which I have been impressed by the results of the use of the electric "enuresis alarm" in suitable cases. Some cases have needed the apparatus for many months, but most have responded to its use and some in quite short periods.

I have also paid particular attention to the question of *cigarette smoking* and a survey done by the Hope Valley College in April gave interesting results on the effect of talks on this subject when one has the full support of the teaching staff which shows a definite tendency towards correlation with intelligence levels as the following figures illustrate :—

Occasional Smokers

13.7%	of children in "A" forms	smoke occasionally.
22%	"	"B" "
41%	"	"C" "

Regular Smokers

2.3%	of children in "A" Forms	smoke regularly.
1%	"	"B" "
18%	"	"C" "

(8) *Immunisation Procedures.* Immunisation levels in the school population are entirely satisfactory as far as diphtheria and poliomyelitis are concerned. It is not my practice to boost a school child with pertussis vaccine, and in any case this work is largely in the hands of the general practitioners who are universally extremely diligent. The importance of tetanus immunisation is, I think, beginning to become known to the public, and B.C.G. is, I am glad to say, becoming more readily acceptable. Smallpox vaccination had a boost during the year due to the cases which occurred in the country as a whole, but it is not recommended as a primary procedure in this age group. The fact that it is now to be preferred during the second year will, I fear, mean that few babies will be protected in this way in the future. This may be of great significance in any future importation of smallpox since immunity is much more quickly developed on secondary vaccination.

(9) *Inter-relationship between the National Health Service and the School Health Service.* Relationship is quite good, though the E.N.T. Department at Stockport is the only one from whom reports are routinely forthcoming and are much appreciated. A carbon copy of other specialist reports in the case of a school child to the Principal School Medical Officer could be of much value and save a great deal of time and telephoning on occasions."

DR. M. SUTCLIFFE (Part-time) (Part of N.W. Division) :

(1) *The general health and well-being of the children :* With few exceptions the children seen at routine medical inspections were robust, self-reliant, well-fed and adequately clothed.

(2) *The physical condition of the children* : In the classification of the physical condition of the children fewer were placed in the unsatisfactory category, 0.96 per cent compared with 1.42 per cent in 1961. Dental caries was the commonest defect found during school medical examinations, followed by errors of refraction and orthopaedic conditions. Although the dental fitness of the school population has deteriorated during the past decade more of the older children appeared to be interested in the care of teeth and, in the absence of a school dental service, had sought conservative treatment from general dental service practitioners.

(3) *The cleanliness of the pupils* : There was again a marked reduction in the incidence of pediculosis, particularly in the younger age-groups. A total of 1.8 per cent were found to be verminous compared with 3.8 per cent during the previous year. Twenty one cases of impetigo were treated at the minor ailment clinics but no scabies was encountered.

(4) *School meals : the milk in schools scheme*. On a given day in September, 48.78 per cent of pupils in attendance at school had *school dinners*, compared with 45.34 per cent in 1961. Many of the schools have now adopted the "family service" method in which eight to ten children sit at each table and are served by one of their number. Good home conditions are copied and the children are taught socially acceptable table manners and consideration for others. A new kitchen and dining hall which opened in March, 1962, provides well cooked meals in pleasant surroundings for two of the primary schools.

On a given day in September, 81.97 per cent of pupils participated in the *milk-in-schools scheme*, compared with 86.75 per cent in 1961. Both schemes are of value in maintaining the health and nutrition of the children and in teaching them the basic principles of a balanced diet which should be of benefit in later life.

(5) *The hygienic conditions of schools* : There has been an improvement in the standards of school hygiene throughout the area. Hot water and disposable paper towels are supplied in practically all the cloakrooms. This provision facilitates the teaching of personal cleanliness and helps to control the incidence of intestinal infections. Lighting and ventilation are satisfactory in the majority of the schools but there are one or two which have draughty and insufficiently heated rooms in winter. Accommodation for medical inspections is inadequate in the older, overcrowded schools, though a well heated room is usually available.

(6) *Infectious diseases* : A total of 57 cases of infectious disease was reported by head teachers during the first six months and the last month of the year. Chickenpox was prevalent in spring and measles in December. No notifications were received from secondary schools.

(7) *Immunisation Procedures—*

(a) *Diphtheria* : Triple antigen, included in the immunisation programme since January, 1962, was preferred by the majority. Parents appreciate the reduction in the number of injections required for full protection of their children against diphtheria, whooping cough and tetanus, and more are beginning to realize the importance of tetanus prophylaxis early in life. Eighty-one children completed a primary course of diphtheria immunisation, and in sixty-four cases it was combined with other antigens. The demand for reinforcing doses of diphtheria prophylactic was very much smaller than in 1961, 18 compared with 90 last year. It is regrettable that so many parents forget to have their children's immunity maintained during school life. The attendances at the Hadfield Clinic have again fallen off considerably but most of the children in this area attend the general practitioners' immunisation clinics.

(b) *Whooping cough vaccination and tetanus* : There were only ten requests for whooping cough antigen to be given separately, and most of the children concerned had been immunised against diphtheria during the previous year.

(c) *Tetanus* : Ninety-three children completed a primary course of tetanus immunisation, and in sixty-four cases it was given in combination with other prophylactics.

(d) *Poliomyelitis vaccination*. The introduction of Sabin oral vaccine in March, 1962, was widely welcomed and has now virtually replaced the Salk type. Only 1.9 per cent of the vaccine used during the last eight months has been of the latter type.

A total of 257 first, 349 second, 863 third and 269 fourth doses of vaccine was given, and 683 of the attendances were made by persons of 15 years and over.

(e) *B.C.G.* The B.C.G. Vaccination Scheme was continued in the secondary schools for children of thirteen years and upwards. The acceptance rate was disappointing and for the third year in succession showed a decline from 82 per cent in 1960, to 72.1 per cent in 1961, and 66.5 per cent in 1962. The proportion of positive reactors to the tuberculin test was practically the same as last year, 12.44 per cent in 1962, compared with 12.64 per cent in 1961.

(8) *Inter-relationship between the National Health Service and the School Health Service* : The exchange of information between the local hospitals and the School Health Service continued throughout the year and the personal contacts with the general practitioners were most cordial."

DR. D. R. McCAULLY (Whole-time) (Parts of N.W., N.E. and Mid Divisions) :

"(1) The *general health, physical condition and well-being* of the children was good. The few exceptions with a degree of malnutrition were, unfortunately, not availing themselves of the school dinners

and did not come under the right category, as regards means, to qualify for free dinners.

(2) *Cleanliness*, generally, was of a high standard. The rural schools in my area now have hot and cold water for washing purposes, with one or two exceptions only. The provision of paper disposable towels is, on the whole, a good idea and must act as a barrier to the school of skin infections which are now pretty rare. One wishes, however, that softer and more absorbent ones were provided, as this would not result so much in chilled hands and chilblains in the cold weather.

(3) The *School Meals and School Milk* schemes continue to be a great blessing to the children, and I believe the majority avail themselves of them. It is a great pity that the few children who are in most need do not usually have school meals. This is usually because the parents either cannot, or think they cannot, afford them. In my opinion, the scheme should be made more flexible so as to provide those children, a few of whom are bordering on malnutrition, with free school meals.

(4) During the year much interest has been taken in the question of *deafness* and I am glad to find teachers very ready to refer to me children for audiometer tests. I have, also, made a practice of testing of all children found to have chronic otitis media, perforated or scarred drums, at the medical inspection. Out of a fairly large quota tested only one has been severe enough to require a hearing aid. Another may require an aid and is being referred to an otologist. My own impression is that in spite of our efforts, deafness in school children is not being discovered early enough, and a severe case may suffer this disability until the late junior school or early secondary stage with adverse effects in progress at school. This was no doubt true of defective vision before the introduction of routine vision testing, and I feel that there is a strong case to be made for routine audiometer tests for all children of seven years old.

(5) During the year I have examined quite a large number of children who were *bed-wetters*. All have been given a preliminary physical examination at the County Clinic. Some were referred for psychiatric investigation and treatment. In general, I think that little fuss should be made of enuretics if under five or even six years old, as this may well be due to late development and, in any event, usually subsides spontaneously when not kept going by continued attention of parents or doctors. Of the persistent enuretics, those who have no physical abnormality, who are in the great majority, should, in my opinion, be referred to psychiatrists.

(6) In conclusion, I would like to state that co-operation between the National Health Service and School Health Service has been most cordial and helpful."

DR. F. BRILL (Whole-time) (Part of N.E. Division) :

“(1) The *general health and well-being* of the children remains high on the whole.

(2) The *physical condition* was very good in the majority. The number of obese children remains fairly steady, but only two children during the year were found to be unsatisfactory owing to under-nourishment.

(3) *Cleanliness* : Apart from the constant recidivists from the problem families all children were clean and vermin free.

(4) *School Meals : Milk in School Scheme* : All meals sampled were satisfactory.

(5) *Hygienic conditions in schools* have shewn no change again. Substandard sanitary annexes remain in several old schools.

(6) *Infectious diseases* shewed the usual seasonal fluctuations. No cases of poliomyelitis or diphtheria were reported in the area.

(7) *Immunisation Procedures—*

(a) *Smallpox* : Following the outbreak of cases in another area, there was considerable demand for vaccination and as several secondary schools needed numbers of children vaccinating prior to embarking on school trips abroad, the opportunity was seized to offer vaccination to the pupils of secondary schools and the response was excellent, and in no schools visited were the acceptances below 90%.

(b) *Diphtheria, Tetanus and Whooping Cough* : Since the issue of triple antigen to the clinics, there has been a swing towards immunisation at the clinic, and very few parents refuse to have their infants immunised as well as older children who have been found to be unprotected during school inspections.

(c) *B.C.G.* The response to this vaccination in the secondary schools remains excellent, one school having beaten its own previous record and producing 98% acceptance rate. In no case was there a rate below 80%. Positive re-actors are notified to the Sheffield M.M.R. Service, who are most helpful in arranging for x-ray examinations. Of the few recalls no active cases of pulmonary disease were found.

(d) *Poliomyelitis* : The issue of oral vaccine brought a few more cases forward for vaccination, particularly children and adults who “dreaded the needle”, but apart from five year old children needing 4th doses the area is on the whole pretty solidly vaccinated, and the clinics continued to decline in numbers.

(8) *Inter-relationship of the N.H.S. and School Health Service* remains fairly satisfactory on the whole. The degree of help and co-operation given me by the various departments of the United Sheffield Hospitals, the M.M.R. Unit, and the Chest Clinic can again not pass by without special mention. The Family Service Unit

has proved itself indispensable in this area and the absence of the unit's social worker due to illness or holiday is considered to be a local disaster by the families under his supervision. We hope in the future to submit plans regarding holding joint discussion groups with some of our problem families and springing from this I have some expectations that the gulf between "US" (the public) and "THEM" (the Local Authority i.e.) may be bridged here and there and a variety of misconceptions and fears removed.

(9) *Emotional and Psychological Problems* continue to turn up in increasing numbers, and many parents now come to ask for an appointment for the Child Guidance Clinic. This is, I think, one of the best testimonials I can give, and I can only wish that there were more time available.

(10) Finally, the situation, as reported last year, regards the absence of any recreational facilities on the housing estates continues much as before, apart from the Youth Clubs etc., run in the schools and the parish halls. The "unclubable" youngsters lounge about the street corners and mainly congregate after dark in the shopping centres, where many make a nuisance of themselves by defacing walls and shop windows and loud quarrelling. The number of young offenders in the area does not show signs of decreasing but will rather increase until all parties wake up to the needs of the community."

DR. A. HOWE (Part-time) (Part of N.E. Division) :

"You will appreciate that my conclusions can only be drawn from a review of pupils seen during that period when I was working alone and unsupervised—namely Michaelmas term 1962. Statistical data may well be valueless derived from so small a review; but general impressions seem to be being confirmed during the current (Lent) term. The children seen are largely those from small mining villages in part of N.E. Derbyshire.

(1) *General health and well-being* : The ill-fed child is practically non-existent. The ill-clothed child is almost equally rare. The exceptions belong to problem families who have been long known to the Health Visitors.

(2) *The physical condition* : The vast majority of children seen were without significant physical defect. The commonest defect was in vision. The problem of obesity was the next most common. So far as could be ascertained (i.e. without knowing the family background) this was always due to over indulgence in carbohydrate foods and drinks, actively encouraged by parents who are surprised to learn that overweight is deleterious to adult health and adolescent psyche.

(3) *Cleanliness* : Children were generally clean. No lice were observed. Standards of cleanliness directly relate to the community in which the child lives and one community certainly has a generally low standard.

(4) *Infectious diseases* : There was an epidemic of measles in the late summer and autumn in the locality. No after effects were seen in the health of the victims.

(5) *Attendance of parents* : In the infant age group was very good, fair in the twelve year olds, and practically non-existent in the leavers. (It is of course considered "infra dig" to bring a parent at this age).

(6) *Immunisations* : Tetanus and smallpox cover is very poor.

(7) *N.H.S. Co-operation* : Liaison with the G.P.'s was most free and helpful."

DR. A. R. ROBERTSON (Part-time) (Part of N.E. Division) :

"I am the Medical Officer for Shirebrook Grammar School only. There has been no change since last year when I said "general health and well being of the children is very satisfactory as is their physical condition and their cleanliness." The most common abnormality is defective vision. All children with this are observed regularly."

DR. E. SINGER (Whole-time) (Part of N.E. Division) :

"(1) The *general health* of school children remains good.

(2) The *physical condition* of the school child is in general satisfactory. Teeth in this area show widespread and untreated caries far too frequently. Apart from this there is nothing noteworthy except the common incidence of flat feet and knock knees. Unsuitable footwear is frequently seen in senior and even in junior schools.

(3) I have seen no scabies or impetigo—Pediculosis remains a constant finding in certain families.

(4) The *hygienic conditions of schools* are satisfactory.

(5) *School meals* vary from school to school and are, in general good. *Milk* scheme operates well throughout my area.

(6) *Infectious diseases* : There has recently been a mild measles epidemic—otherwise nothing of note.

(7) *Attendance of parents* at school medical inspections is extremely good—virtually 100% at 5 years old. At 11+ it varies from school to school, varying from around 10—50%. Parents of school leavers are rarely seen—only 2 or 3 turning up at any session. This makes routine medical examinations of doubtful value at any stage apart from the first one.

(8) *Immunisation* of the pre-school child in the Clay Cross area is largely undertaken by the G.P.'s. The parental response is good when the 5-year old booster dose is offered at school medical

sessions. B.C.G. acceptance rate is good in the schools so far covered (75%—80% accept) and of these around 10% are found to be Mantoux positive.

(9) Inter-relationship between N.H.S. and S.H.S. is virtually non-existent."

DR. T. URTSON (Whole-time) (Part of N.E. Division) :

"(1) The *general health and well-being* of the children remains good. Even the children of problem families, although dirty and often poorly clothed and shod, are happy, well nourished and physically fit.

An increasing number of new entrants showed signs of stress (nightmares, loss of appetite, enuresis and behaviour troubles) since starting school. This is probably due to the fact that this year more children started school at the age of 4½. However, the majority of these children settled down very quickly and only in very few cases the symptoms were still present when seen six months later.

(2) The *physical condition* of the children remains good, and again only few were classified as unsatisfactory. Of the 1,644 children examined, 7 had epilepsy, 19 had asthma, 19 had flat feet, 19 had speech defects and 36 were enuretics. 26% out of pupils examined were nail biters.

(3) Except for a few secondary schools, the standard of *cleanliness* remains high.

(4) *School meals* are satisfactory and my only recommendation is that more children should take advantage of this facility.

(5) Minor *improvements* and repairs have been carried out in many schools. A few schools are still over-crowded and the facilities for medical examination remain most unsatisfactory.

(6) There was a considerable outbreak of mumps and chicken-pox in my area. Colds and throat infections continue to be prevalent in the infants' schools. In one over-crowded infants' school, out of 90 children examined, only two children were free of cold.

(7) The *immunisation rate* appears to be on the increase. The general practitioners in my area are very keen to carry out all the immunisation procedures and therefore very little has been done in school."

DR. B. JOHN (Whole-time) (Part of N.E. and Mid Divisions) :

"(1) The *general health and well-being of the children* remains very good with the exception of upper respiratory tract infections and catarrh in the younger age groups.

(2) The *physical condition of the children* is very good in almost all schools.

(3) *The cleanliness of the pupils* is good in almost all cases except in the case of a few problem families and where the housing facilities are inadequate. No cases of scabies or impetigo were seen.

(4) *School meals* continue to provide a meal of high quality and palatability, particularly if cooked on the premises and I am sure are a valuable source of health to the children, particularly to those who come from poor homes.

(5) *The milk in schools scheme* : Milk continues to be of value in some instances, but must be unnecessary in others and quite possibly contributes to some of the cases of obesity seen.

(6) *The hygienic condition of schools* varies substantially with the age of the school : but the heating in the majority is quite satisfactory. Ventilation and lighting are adequate. Sanitation is again variable in standard according to the age of the school. School canteen facilities are uniformly good.

(7) *Infectious diseases* : German measles and measles occurred to some extent this year in epidemic form.

(8) *Attendance of parents at school medical inspection* followed the familiar pattern of being very good with the five year olds, decreasing with the eleven year olds, and was very poor at the school leaver level.

(9) *Co-operation with Youth Employment Service* : The Youth Employment Service was notified of any cases when occupational limitation was indicated.

(10) *Immunisation procedures* : Diphtheria immunisation alone has been given up in cases where "triple antigen" was used in infancy, and diphtheria-tetanus combined immunisation used as the booster injection at five years.

"Triple antigen" is now used in nearly all cases which are immunised in infancy, this has proved very satisfactory and in nearly all cases is followed on by poliomyelitis vaccination. The number of attendances required by the mother has been greatly reduced and also the number of injections suffered by the baby. The number of immunisation procedures which have been completed satisfactorily has increased greatly in number.

Poliomyelitis vaccination by the oral method has proved very satisfactory and is particularly suited to outlying clinics.

B.C.G. This has again been offered to pupils at all secondary modern schools in the area. The procedure is now accepted as the natural thing and the acceptance rate remains fairly constant.

(11) *Inter-relationship between the National Health Service and the School Health Service* remains satisfactory, but is considerably helped when the general practitioner is known personally and a personal contact maintained."

DR. D. J. HUNT (Part-time) (Part of Mid. Division) :

“(1) *The general health and well-being* of the children in the schools visited has been very satisfactory. There has been no incidence of malnutrition and in the schools visited full advantage was being taken of the school milk and meal schemes.

(2) *The standard of cleanliness* was very satisfactory. I did not see any cases of pediculosis, impetigo or scabies. Cleanliness was very satisfactory amongst the younger children. The elder children were not so strictly watched by their parents, and several had to be reminded of the use of soap and water. These children generally belonged to families well known to the welfare officers.

(3) *Infectious diseases* : During the early summer there were a number of cases of mumps. During December there has been an outbreak of chicken-pox in the Pinxton area.

(4) *Feet* : Among the elder girls examined it was the exception rather than the rule to find a normal shaped foot, most of the girls having varying degrees of hallux valgus. Advice with regard to their shoes was generally answered by the parent with the difficulty to get satisfactory footwear.

(5) *Nocturnal enuresis* is a very common condition amongst all ages. Unfortunately, in some cases it is accepted as the normal rather than the abnormal. Advice has been given to these children but the results will not be apparent for some time as in the schools I have attended there has been no S.M.O. for 2 years and for this reason the elder children have not had any treatment.

(6) *The attendance by parents* was very good amongst the 5-11 year olds, but poor amongst the 11-15 year olds.

(7) *Immunisation* against diphtheria, whooping cough, and tetanus has reached almost 100% in the infant schools. This has been achieved by having monthly sessions at the various schools, as it was found in a large number of cases the children would not be taken by their parents to the clinic or their own G.P. usually due to there being other young children in the families making travelling to the clinics impracticable.

Vaccination against polio has now reached the same satisfactory percentages in both junior and senior schools. I am much in debt to the help given by the head-masters and mistresses in the schools I have attended for their help and encouragement of the children to become vaccinated.”

DR. W. J. MORRISSEY (Part-time) (Part of Mid. Division) :

“(1) *The general health and well-being of the children* seems very good. Almost all the children are well clothed and cared for and except dentally, the physical health of the children remains excellent. The district has been without a school Dentist now for several years but is fortunate in that the number of private dentists in the area is

better than most, and a good deal of excellent conservative work is being done on school children. Adequate treatment for speech defects is difficult owing to the absence of a Speech Therapist.

(2) *The cleanliness of pupils* is satisfactory. There has been little infectious skin disease, and head infestation remains very low.

(3) *School Meals. Milk in School Scheme* : School meals are on the whole satisfactory, and there has been no important change during the year. All milk consumed is pasteurised, and there have been no complaints during the year. The uptake however is still short of what it might be, ranging from 70-80%.

(4) *Hygienic conditions of schools* : Minor improvements in toilets have been carried out in some schools. All schools now have hot water for hand washing. There is no serious overcrowding.

(5) *Infectious disease* : There was a small outbreak of infectious hepatitis at two schools. There were 14 confirmed cases and there may have been others. No relationship with any immunising procedures were found and there were no cases in the large Secondary School which serves the same district.

(6) *Immunisation procedures* : Initial immunisation against against diphtheria in this district is almost entirely in the hands of the General Practitioners who invariably use the triple antigen. Booster injections are given at schools. B.C.G. vaccinations were carried out at the Secondary Schools and a very high acceptance rate for skin testing was received.

(7) *Inter-relationship of the National Health and School Health Service* : Co-operation with the General Practitioners remain satisfactory. Information from the hospital services does not reach me very often.

(8) *School Medical Inspections* : All the schools in the district have had the prescribed routine medical inspections. The value of routine inspections in the secondary schools seems to grow less from the point of view of defects requiring treatment, but probably still remains of value for Health Education reasons.

(9) *Smoking and School Children* : Dr. Corrigan very kindly lectured and showed a film strip at most of the Junior and Secondary schools. The initial results were excellent and all the school staffs spoke highly of the programme."

DR. M. J. NETTLESHIP (Part-time) (Part of Mid. Division) :

"(1) I have been working as a part-time school medical officer in the Alfreton area since October 1st. I have had to spend most of the time doing routine examination of children never previously seen because of lack of staff. Unfortunately this has meant that B.C.G. and other immunisation procedures have had to be postponed until 1963. In all, two hundred and fifty children have been examined.

(2) *The general health and well-being* of children in my area has been very good on the whole, as has their physical condition.

(3) I have not found any pediculosis nor impetigo, but in certain schools (notably those in areas without a health visitor) the children have been rather dirty and ill-cared for at the routine inspections.

(4) I have sampled about fifteen *school dinners* so far and realise that this is too small a sample to be representative, but nevertheless gain the impression that meals in some schools are consistently better in quality and quantity than meals in other neighbouring schools.

(5) I have inspected the *premises* of the eleven schools in my area, and have found them reasonably satisfactory. More attention could have been paid to the state of the dust bins (often badly sited), many of which had badly fitting lids and holes in their sides, thus attracting flies, etc.

Some of the canteen larder windows were without fly screens. A few of the canteens suffered badly from condensation, making working conditions difficult and unpleasant for the staff. I feel that some of this could be avoided by siting the extractor fans and hoods directly over the source of the steam, instead of some distance away.

The cloakrooms were often overcrowded by the storage of games equipment, which occasionally obstructed entrances and exits. It would be better if a small store could be provided in the playground for this equipment.

One or two of the outside toilets remained without a roof over part of the whole of their area. This, I feel, is unsatisfactory in our winter conditions.

(6) The only *infectious disease* encountered has been rubella, two cases were seen at routine inspections. Diphtheria booster injections were given to infant school entrants. It is hoped to start B.C.G. next term.

(7) Relationships have been good with the general practitioners in the area. I should like to receive a larger number of hospital reports, however."

DR. P. WEYMAN (Part-time) (Part of Mid. Division) :

"The routine examination of the children in the schools allocated to me has been completed during the year. Frequent visits have been made to the Delves Special School in Swanwick.

(1) *The general health and well-being* of the children remains satisfactory. There is no doubt that the work of the special classes for backward children is contributing to make much happier children. More staff time is required in the Infants' Schools to help the children who already have difficulty. Much is done, but it should be made

possible for a teacher to give more help to individual children at a much earlier age. This might remove some of the problems from the Junior Schools.

More teachers are consulting the School Doctor about children who are in difficulty.

(2) The *physical condition* of the children remains good. The Health Visitor, School Nurse and School Doctor do whatever they can to help those few children who are not perhaps as fit as they might be. The condition of *teeth* remains most unsatisfactory especially in the early years.

(3) No children with scabies or impetigo were seen by me. The School Nurse found two children with head infestation, one was already under treatment by the mother. (I note that my predecessor reported 89 cases in 1954).

(4) *School meals* are satisfactory and no complaints have been received. The *milk in schools scheme* works well and is supported by quantities of biscuits at mid-morning break.

(5) The *hygienic conditions of the schools* remains as before. The number of small improvements made during the last year or two have been most beneficial.

Classroom floor space continues to be reduced by equipment and cupboards. Much more equipment is used now than ten years ago. Each classroom needs a walk-in store room of its own. This would leave more floor space available and make cleaning of classrooms much easier. Equipment would have more protection.

(6) Time has been spent in helping the staff dealing with *backward children* to learn about defects and how to cope with them. This has led to more children being referred for investigation. The constant observation of a teacher with small classes is one of the most useful facets of school life. In order that this can be used to the full they must know as much as possible about children and their defects. It has been a pleasure to meet school staffs and their comments are most appreciated.

(7) *Immunisations* : The most striking point noticed during the year was the very high rate of protection against Poliomyelitis. In the Secondary School there were very few children unprotected. There were more unprotected in the Infants' School but a short discussion with the mother in most cases has resulted in protection being obtained. Protection against diphtheria, whooping cough and tetanus is at a fairly high rate. This is probably due to the use of triple antigen by the general practitioners. Protection against small-pox increased during the recent outbreak in the country but on the whole is fairly low. The B.C.G. scheme is working well and no real difficulties have been encountered. The support of the Headteacher is most appreciated and contributes a great deal to the good acceptance rates.

(8) The School Doctor enjoys good relations with the General Practitioners. They are most helpful and receive all relevant information. It is unusual, however, to receive a report on a child who has been in hospital. In many cases this is probably unnecessary but more information would be of use and interest."

DR. R. DEAN (Whole-time) (Parts of Mid. and S. Divisions) :

"(1) The *general health and well-being* of the children in this area continues to be satisfactory. I found no child undernourished and very few badly clothed.

(2) The standard of *cleanliness* is high, particularly among pupils in infant schools.

(3) *School meals* continue to be satisfactory.

(4) *Hygienic conditions* of schools are good, except in a few country schools which are without adequate drainage or sewage disposal systems.

(5) There was a slight increase in the incidence of verrucas, especially in senior school pupils. Two cases of cattle ringworm occurred in country children, leading to scarring and permanent loss of hair.

(6) There has been a greater demand for diphtheria and B.C.G. immunisation, approximately one third of children tested were tuberculin positive."

DR. J. DUTHIE (whole-time) (Part of Mid and S. Divisions) :

"The health of school children continues to maintain a good standard, and a diminishing number of chronic conditions, e.g. middle ear infections, reflects a greater parental awareness of health matters and a high standard of general practitioner care.

It would appear that anti-smoking propaganda is having its effect in the lack of interest in smoking shown by senior boys. Although a number continue to buy cigarettes at week-ends this is more a group social practice than a form of pleasure or addiction.

There are doubts about the satisfactoriness of those school central heating systems which operate on the principle of fan driven hot air. This can give rise to discomfort from draught and the high contact of dust particles causes dryness of the nose and throat—conditions which favour the spread of infection. In schools with such installations there have been instances of high absenteeism from common colds.

Arrangements have been made in the southern half of the county—previously established in the north—enabling cases of suspected hearing impairment in children of any age to be tested audiometrically. This is combined with medical examination and where necessary the child is referred for treatment and for the

provision of a hearing aid. Children in the southern half of the county are drawn to regular clinical sessions in Derby, Heanor and Swadlincote."

DR. P. ELAGUNATHAN (Whole-time) (Part of S.E. Division) :

"(1) *General health and well-being of the children* : During the year the general health of all children in my routine medical examinations has been satisfactory.

(2) *Physical condition of the children* is good with the exception of dental caries and a few cases of defective vision. Dental sepsis was more marked in the 11 year old group and infants entering school. In addition there were a few children with minor degrees of speech defect, but since there is no Speech Therapist at the Long Eaton Clinic difficulties do arise at times referring them for treatment.

(3) *Cleanliness* of pupils has been of very high standard, except one or two isolated cases of pediculosis.

(4) *School Meals and Milk in Schools* : The meals are of a high standard and do benefit those families where mother goes out to work. Also a high proportion of children take milk in schools.

(5) *Hygienic conditions in schools* are of very high standard in the modern schools, but in the older type of schools the cloakroom and sanitary facilities are not up to standard.

(6) *Infectious diseases* : There have been a few cases of chicken pox and measles in the Infants and Junior Schools. Also some children were subject to the influenzal type of cold during the year.

(7) *The attendance of parents at School Medical Inspections* in the Infants' School is remarkable, but there is a decline in the examination of school leavers.

(8) *Immunisation procedures* : (a) Response to diphtheria immunisation and vaccination against whooping cough is good.

(b) The response to vaccination against poliomyelitis is excellent.

(c) But vaccination against smallpox is not so encouraging.

(9) *Co-operation between National Health Service and School Health Service* is excellent, and the letters from the local hospitals give valuable information of the school children who have had specialist treatment."

DR. A. M. HAMILTON (Whole-time) (Part of S.E. Division) :

"(1) *General health and well-being of the children* : Good on the whole, cases of neglect are usually, though not always, due to mothers being out at work.

(2) *Physical condition* : Overweight children become more and more frequent. This problem, together with that of carious and neglected teeth in all age groups, form two of the main themes for Health Education at routine School Medical Inspections.

(3) *Cleanliness* : Only one case of nits was seen at school medical inspections this year.

(4) *School Meals and Milk* : Meals are useful when the mother is out at work. In some cases also when the family has been unfortunate and are on National Assistance they can be given free and guarantee the child at least one balanced meal a day.

(5) *Infectious diseases* : Ilkeston has again been fortunate this year, for there has been no major epidemic. Unfortunately, however, the geographical situation and the climate of the town are such, that chronic upper respiratory and even pulmonary (non T.B.) infections occur all the time, while recurrent sinusitis, otitis media and bronchitis are far too common. The result of this seems to be that mothers do not realise how serious they are until, in a number of cases, a semi-chronic or chronic condition is produced which is difficult if not impossible to cure.

(6) *Attendance of parents at S.M.I's*. This is always greatest at infant schools, but it also depends very strikingly on the interest shewn in the medical side by the Head Teacher in question.

(7) *Immunisation Procedures* :

Polio vaccination is falling off in a disappointing fashion, considering that it now involves no "pricks".

B.C.G. Vaccination remains as before, but it seems that the number of positive Mantoux is at last falling in Ilkeston.

Triple Antigen. Since this is now available to County Council Medical Staff, more mothers are requesting it for babies at the I.W. Clinic. No immunisation is done in the schools now because there is not a big enough response there to make it worth while. At S.M.I's mothers are urged to take children of 5, who are noted not to have had a booster dose, to their own doctor to get it. A few come to the I.W.C. for it."

DR. G. STOREY (Whole-time till June; subsequently part-time)
(Part of S.E. Division) :

"(1) *General health and well-being of children*. This seems to improve from year to year, no doubt as a result of increased education of parents concerning the up-bringing of infants and children.

(2) Two cases of scabies have been seen and successfully treated by their family doctor.

(3) There has been a greater response to all forms of *immunisation* due to general and personal propaganda. Many parents refuse preventive procedures for their children without having any firm reason and can be persuaded by logical reasoning to acquiesce to injections."

DR. S. SYKES (Whole-time) (Part of S.E. Division) :

“(1) The *general health* of the children in this area appears very satisfactory. All are adequately nourished and there is no evidence that I have seen of any nutritional, including vitamin, deficiency. In fact there appears to be an increasing tendency to obesity amongst school children. There is also a large amount of dental caries even in the younger age groups. Many of them consume far too many sweets and other forms of “tuck” between meal times at break and play-times and many parents still don’t ensure adequate dental hygiene and routine inspection at a sufficiently early age.

(2) The *cleanliness* of pupils is also very satisfactory on the whole. Here carelessness in general hygiene is evidenced amongst the adolescent age groups—the infants and juniors of even the poorest families are usually very clean and well clothed. Verminous heads are very promptly dealt with nowadays, treatment being much quicker and, of course, with more effective preparations. Only occasional dirty heads are encountered at school medical inspections—these, I gather, have been promptly dealt with by the Health Visitors in the home and at routine hygiene inspections. There have been no exclusions from school on these grounds. Very little impetigo and allied skin infections has been encountered during routine inspections but there are still many pupils with early verruca—most of which are already receiving attention.

(3) In part of this area, there is a relatively high incidence of winter bronchitis and asthmatic bronchitis in school children up to the age of 7-8 years old. There was an epidemic of German Measles during the summer term with a few additional cases of measles. Many of the school children in Infants and Junior Schools were affected and it was not unusual in the Infants Schools to find only a third of the normal number of pupils present in school at one particular time.

(4) The standard of *school meals* is very good indeed—some of the schools have an exceptional standard in the meals provided.

(5) Some of the older schools have rather inadequate toilet facilities but otherwise the *hygienic conditions* are quite satisfactory.

(6) The school teaching staff have been very co-operative during medical inspections, particularly when there is no special examination or medical room and inspections have had to be carried out in one of the classrooms. There is a high attendance rate of parents accompanying the children inspected in the infant groups, practically 100%, and nearly as many in the junior groups. The leavers are very rarely accompanied by a parent.

(7) Very few children have not been vaccinated against poliomyelitis, and there is a high diphtheria immunisation rate. In this area, the diphtheria is carried out mainly by the G.P. and most of the children get their diphtheria booster just before starting school at

the age of 5. Very few children, however, have been vaccinated against smallpox, this applies particularly to the present infants groups.

(8) There are still quite a number of eye and ear defects which are being detected for the first time in the routine medical inspection. The other conditions have usually been diagnosed and under treatment at the instigation of the G.P. This applies surprisingly enough to heart lesions, many more of which are being picked up by the G.P. and dealt with accordingly. I have found very few heart murmurs which may be of significance, which have not previously been detected by the G.P. This may indicate that more children between 2-5 years are receiving regular examinations either by their own G.P. or at the child welfare clinics."

DR. T. HAYNES (Whole-time) (Part of S.E. and S. Divisions) :

"(1) *General health and well-being of the children* : The periodic examinations during 1962 have shown the majority of the children to be healthy.

(2) *Physical condition* : Physical defects most commonly found at routine medical inspections include, dental care, bad posture, orthopaedic disorders of the feet, vision defects, squints, enlarged adenoids with chronic upper respiratory infections, wheezy chests and cardiac murmurs. During the summer months verrucas have been common. At entrants inspection it is not uncommon to find a history of febrile convulsions, and in a few cases epilepsy. There seems to be a rising proportion of children suffering from overweight. On probing into the history, one finds that very often the children are having toast and marmalade, cereals and porridge for breakfast, instead of a protein meal; or more commonly, they have no breakfast, but have a packet of biscuits which they nibble at opportune moments. At lunchtime they have sandwiches—at teatime biscuits and tea, and when father comes home they have a cooked meal—with in many cases, a large helping of chips! The problem seems to be *what* they eat rather than *how much* they eat, and this really is a problem, because one cannot solve it by talking to the child.

There are a number of physically handicapped pupils attending ordinary schools in this area. These children appear, on the whole, to be happy and educationally progressive. It is of great benefit to them to remain in ordinary schools living at home, so long as the point is not passed where they feel more conspicuous here, than they would feel "different" because they attend a "special school". If an individual must eventually live and work in the community, he is best prepared for this by growing up in it.

(3) *Cleanliness of pupils* : During the year only three cases of pediculosis have been seen, and no impetigo or scabies has been diagnosed. On the whole, children are clean and well cared for.

(4) *Hygienic conditions in schools* : On the whole these are good but unfortunately old schools still exist where there is outdoor sanitation, and where children have to cross the yard from the lavatories, to another building to wash their hands. These conditions apply mainly in old infants schools, and one wonders whether one can expect an infant to remember to go and wash after going to the lavatory when the facility is not on the spot to remind him. It does not help in teaching a child good hygiene.

(5) *School meals* : I feel that one has to view the need for school meals in a rather different way as the years go on. It seems to me that its greatest purpose now, is an educational one. It is, without doubt, of great help to the child whose mother goes out to work, because it is a means of him getting a cooked midday meal. Apart from this I would say that it could serve as a means of teaching the child good table manners, what type of food he should eat, and the way to achieve a balanced diet.

(5) *Immunisation* : Since the use of triple vaccine, the number of spontaneous requests for immunisation, at the Infant Welfare Centre I attend, has soared. Previously it was hard work to persuade the mothers—now they come and ask.”

DR. M. ALLAN (Part-time) (Part of S. Division) :

“(1) Judging from the number of visits which are paid to the schools when I see children in assembly, in the gymnasia, in the classrooms or on the playing fields, and collating these observations with those of routine medical inspections it is quite obvious that the children’s health is very good. During the year I saw, out of the hundreds examined, only five children who could be classified in Category “U” and these were usually children who had been weaklings from an early age, but after following health advice, having school meals and milk, nearly all these improved.

(2) I have seen no impetigo during the year, a few children with nits, but no cases of scabies.

(3) Most of the schools now have their own kitchens and this allows more variety in the meals since it removes the distribution handicap and I am quite sure from the meals I have seen that the kitchen staff give great thought, care and imaginative planning to their service.

(4) The new schools, with the good planning and excellent colour schemes, have highlighted the deficiencies of the older schools, but I am quite sure that it is only the financial stringency which delays the replacement of the older type of school.

(5) There was no serious epidemic throughout the year, but towards the end there was a minor outbreak of measles in the South Derbyshire area which disturbed school attendance slightly.

(6) *Diphtheria Immunisation*—the triple vaccine began on the 5th February, 1962, and this has been very readily accepted by the parents and of course has removed the disadvantage of the Clinic diphtheria immunisation service compared with that given by the General Practitioners locally. For the booster or reinforcing doses I get an excellent response from the school entrants and have had the utmost assistance from the school teachers.

Polio Vaccination—Since the inception of the oral polio scheme, the numbers have increased and, of course, this is no doubt due to the facility with which it is given making it readily accepted, not only by the children, but by the adults.

B.C.G.—In doing this vaccination I have had every assistance from the Head Teachers and have had a very good response from all schools. I am unaware of any troublesome reactions, and certainly none was notified to me from the G.P.'s

(7) The co-operation continues steadily between the Local Authority Health Services and some of the General Practitioners in the area. The Hospital letters are very useful and save a tremendous amount of correspondence. The highlight of the year was when a new G.P. in the area visited me on the 3rd April to make himself known and ask for the full co-operation of the Health Services in his work as a G.P."

DR. J. W. CRAWSHAW (Whole-time) (Part of S. Division) :

"(1) The *general health and well-being* of children is very good in all age groups.

I think it is encouraging to find that so many children in the Secondary Modern Schools are staying on to take the G.C.E.

The *physical condition* of the children is generally very good and there are far fewer children suffering from the late results of measles and broncho-pneumonia, such as chronic ear disease and bronchiectasis.

(2) The children are generally *clean* and there are few cases of pediculosis. I have seen no cases of scabies for years and only rarely have I seen impetigo.

(3) I hope fluoridation of water will give the children sound teeth and so reduce many septic conditions of the mouth and tonsils.

Our purest water has to be chemically treated in many areas to prevent lead poisoning—our not-so-pure water is chlorinated to avoid infections, so why make a song about fluoridation up to the level in many natural water supplies?

(4) *School meals* are generally appetising and nutritious and in some schools are extremely good by any standards of catering.

School milk gives nourishment when it is most needed, it is especially useful for children who have not had a good breakfast.

(5) *Hygienic conditions* in the schools are very good except in one or two old schools.

(6) *Attendance of parents* at school medical inspections is generally extremely good at entrants' examinations. I think this would continue at later examinations if the older children did not discourage their parents from attending the inspections.

(7) *Immunisation* against diphtheria reached a high level after the Derby Borough outbreak. The great majority of children are now immunised in infancy by their family doctors against diphtheria, tetanus and whooping cough, by the triple vaccine. In most cases these have been followed up by a booster dose given by the family doctor at about 5 years of age. I feel that the younger parents are most keen about all forms of immunisation. Almost all children have had at least 3 doses of polio immunisation vaccine although a small number of school leavers appear to be completely ignorant in the matter.

B.C.G. tests and immunisation are becoming more popular.

(8) *Inter-relationship between the National Health Service and the School Health Service* is generally good.

I consider that my duty is to find defects in children when I examine and to report the conditions to the family doctors. In many of these cases the family doctors have had no opportunity of finding the defects as they have not been consulted. Occasionally there are misunderstandings between the services but these are rare and usually unimportant. It would be helpful for the Senior School M.O. to have reports from the hospitals about any cardiac cases which have been investigated."

DR. M. STEVENS (Part-time) (Part of S. Division) :

"(1) *General health* is most satisfactory and most parents are quick to consult their family doctor about any physical condition.

(2) *Parental attendance* is very good in Primary Schools.

(3) *Infectious diseases* : Large outbreak of German Measles complicated in some cases by a persistent bronchial catarrh.

(4) *Stress and anxiety*—mostly seen as nail biting and enuresis. Great interest shown in bodily health but parents sometimes fail to realise that minds need feeding as well—nor do they always understand the problems of adolescence. Schools are most appreciative of the help given by the Educational Psychologists.

Immunisation—

Diphtheria—mostly booster doses; *poliomyelitis*—largely completed before school age; *B.C.G.*—increasing demand."

DR. M. L. TISDALL (Part-time) (Part of S. Division) :

"(1) *The general health and well-being* of the children continues to be good, the few exceptions are mainly from broken homes or those where the parents are not equipped for family life.

(2) *Physical condition of the children* : It is unusual to find a child persistently "below par". There seems to have been a higher incidence of bad colds in the Autumn term probably aggravated by the very bad weather. It is interesting that one school, which has been redecorated and where there is ample space per child, has had very little absence.

(3) *Cleanliness* : Pediculosis has been present in a few families but due to the regular hygiene inspections and follow-up by the Health Visitors it has been restricted to those families. I have seen one case of scabies.

(4) *School Meals and Milk* : Most children take school milk. An increasing number take school dinners which are very good. There is rather a high proportion of fat which tends to "stodgy" puddings. This is no doubt a correct proportion of the whole but in view of the fact that many children go home to another dinner, a higher proportion of fruit and protein would be beneficial—but no doubt it would be more expensive.

Dental Caries is almost universal—the habit of many schools of selling biscuits and crisps at "break" would appear to contribute to this and to obesity. The sale of fruit would be more helpful.

(5) *Hygienic Conditions* : Some schools are not yet connected to the main water supply. Ventilation and lighting are not good in some of the older schools.

(6) *Infectious Diseases* : Measles, mumps and german measles were in operation particularly in the Autumn term : they did not appear to be unduly severe but in two infants schools medical examinations had to be delayed because most of the children were affected. Diarrhoea and vomiting have persisted, although there have been no massive or severe outbreaks.

(7) *Special classes* have begun at Newhall with children referred from other schools in the area. Many parents have taken advantage of this opportunity and are very pleased with its effect on the children. The parents attended well for the routine medical examination and all commented on the increased happiness of the children.

(8) *Immunisation Procedures* : Diphtheria and Tetanus immunisation are now offered. There is an encouraging increase in the number of children who are fully immunised when they come to school.

(9) *Inter-relationship* between the National Health Service and the School Health Service. Relations with the majority of the General Practitioners have been cordial. Hospital letters arrive well from some hospitals and not from others."

DR. C. G. WOOLGROVE (Part-time) (Part of S. Division) :

(1) *The general health and well-being of the school children* has been very satisfactory. The attendance of parents at routine examinations has continued to be good. During the year my visits to the senior school have been planned to coincide with those of the Youth Employment Officer. This ensures that parents are available, not only for consideration of the future of their child with regard to employment, but also with regard to his or her medical condition on leaving school.

(2) *The physical condition of the children* is generally satisfactory. A small number of undersized children have, in fact, parents of similar stature. During the year junior schools were also visited, routine and special inspections being carried out. This particular examination ensures that any defects that may be present, shall be ascertained and treated as soon as possible; this, perhaps, particularly relates to defects of vision.

(3) *Cleanliness of the pupils* has been excellent, although the occasional case of scabies has been noticed, usually with reference to a particular family.

(4) *School Meals* : I have been impressed during the year by the excellent work carried out by the School Meals Service and the meals provided for the children. There is no doubt that the majority of children also enjoy and benefit from the morning milk drink.

(5) *The hygienic conditions of schools* are excellent in the schools I visit, since all are of modern design and have modern equipment.

(6) *Infectious diseases* : After last year's epidemic year for measles, the area was fortunate to be remarkably free from infectious diseases. During the early part of the year the importation of smallpox from the East into this country was responsible for many parents of school children ensuring that their offspring were vaccinated as a preventive measure against this disease. The general practitioners in the area manfully coped with this very difficult task and deserve the grateful thanks of all their patients.

(7) *Immunisation Procedures—*

(a) *Diphtheria and Tetanus Immunisation* : The practice of offering primary immunisation and booster doses to children at school has continued and is welcomed by the parents. Diphtheria and Tetanus have been given where appropriate for booster doses.

(b) *Whooping Cough Vaccination* : The response of parents having infants, for "Triple" i.e. diphtheria, whooping cough and tetanus, is encouraging.

(c) *Poliomyelitis Vaccination* : The response to this vaccination continues to be good and now that the oral vaccine is accepted as routine practice, the older children come willingly to the clinic.

(d) *B.C.G. Vaccination* : This scheme includes not only those children who are thirteen years of age, but also those who are older. The response has again been excellent, reaching in the case of some schools well over eighty per cent. My thanks are due to the Headteachers and their staff, for their assistance in this very important campaign to give protection against tuberculosis.

(8) *Health Education* : Talks were given during the year at senior schools on the danger of smoking cigarettes, and use was made of an American Film-strip with commentary entitled "to smoke or not to smoke," and also a film from the Central Office of Information, on the same subject. Health Education films dealing with "Hygiene of the Skin", "Personal Cleanliness", "Dental Hygiene", and "Tuberculosis and its Prevention", were also made available to senior schools and were excellently received by both staff and pupils.

(9) *Deafness amongst school children* : During the year every entrant to school, having history of ear trouble, has had his or her hearing checked audiometrically. This was possible in the first instance through the kind offices of Miss Kennerley and later Dr. Duthie, so that a full report on the child is obtained on other medical defects besides hearing deficiency. It has proved possible to arrange for those children requiring hospital treatment, to be seen by the appropriate specialist at the Children's Hospital, Derby.

(10) *Inter-relationship between the National Health Service and the School Health Service* : The family practitioners in this area have again been most co-operative with regard to School Health Services and appointments with specialists in hospitals. Valuable information has also been received from hospitals."

Report from the Excepted District of Chesterfield.

The following report has been received from Dr. H. Bailey, the Borough School Medical Officer, concerning the Excepted District of Chesterfield :—

"It is gratifying to report once again a very high standard of health and well-being of the school children. As this happy state continues to be maintained and as risks from infectious disease, neglect and ignorance decrease, health education becomes ever more important, so that healthy children eventually become healthy adults. With the appointment of a Deputy Medical Officer of Health, it became possible during the year to place more emphasis on health education generally. Medical Officers and Nurses have visited schools and given talks and film shows on a variety of subjects. The co-operation of teachers in this field, and indeed in all facets of the School Health Service, is gratefully acknowledged. A full complement of medical staff for the greater part of the year resulted in the number of medical inspections of school children being increased from 3,611 in 1961, to 4,277 in the year under review. Of the total children examined

only 5 were classed as unsatisfactory. 567 were found to require treatment and once again the larger proportion of defects found was that of defective vision.

The placement of handicapped pupils becomes more of a problem each year. The waiting list for admission to the Ashgate Croft Day School for educationally subnormal children continues to grow and the number of places there allocated to the Borough is inadequate.

Excellent relations exist between the School Health Service and the National Health Services in Chesterfield. The hospital authorities co-operate most excellently in connection with the treatment of children referred by the School Medical Officers and also in the notification of children requiring follow-up after their discharge from hospital. There is also an excellent relationship between the Department and the General Practitioners in the town.

Brambling House Open Air School, the Children's Centre, and Holly House Hostel continued to function as in previous years, as did the Heart ward establishment in the Ashgate Hospital Annexe, and the Home Teaching Scheme.

The Speech Therapist has had a full year dealing with the large number of cases awaiting therapy owing to the long period when there was no Speech Therapist. Sessions have been held regularly at the Town Hall and Edmund Street Clinics. Speech therapy is also given at Brambling House Open Air School and at Ashgate Croft School for educationally subnormal children.

During the year the auditory testing of pre-school and school children commenced. Apparent dullness or backwardness may be due in some cases to undiscovered deafness. The best time for the treatment of deafness is in infancy and some of the Health Visitors and School Nurses have attended courses in the methods of detecting deafness in children under school age. The teaching unit for the partially deaf which caters for both County and Borough children, at the New Whittington Primary School, is now well established. The trained Teacher of the Deaf, on the staff, together with the School Medical Officer carried out assessemnts of the hearing of children referred to them from various sources such as general practitioners, school medical officers, health visitors, teachers, etc. After testing, recommendations were made as to the proper disposal of the children.

At the end of the year we were looking forward to 1963 with a full complement of dental officers. We were fortunate during 1962 to have the services of Mrs. Mann in a part-time capacity, who at least kept the dental service in Chesterfield in being, and dealt with the urgent cases."

APPENDIX

TABLES OF THE MINISTRY OF EDUCATION

Medical Inspection and Treatment—Return for the year ended
31st December, 1962—Local Education Authority, Derbyshire

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1963, 117,119

PART 1—Medical Inspection of Pupils attending Maintained
Primary and Secondary Schools (including Nursery and Special
Schools).

TABLE A—PERIODIC MEDICAL INSPECTIONS

<i>Age Groups inspected (By year of Birth)</i>	<i>No. of Pupils Inspected</i>	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		<i>Satisfactory</i>		<i>Unsatisfactory</i>		<i>For defective vision (excluding squint)</i>	<i>For any other condition recorded at Part II</i>	<i>Total Individual pupils</i>
		<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later	305	305	100	—	—	2	35	36
1957	6,168	6,053	98.14	115	1.86	89	741	826
1956	3,645	3,588	98.46	57	1.54	75	466	540
1955	1,151	1,140	99.04	11	0.96	47	186	208
1954	523	518	99.04	5	0.96	29	80	101
1953	714	710	99.44	4	0.56	65	92	135
1952	878	869	98.97	9	1.03	75	93	159
1951	4,141	4,066	98.19	75	1.81	388	363	742
1950	3,859	3,738	96.86	121	3.14	367	380	736
1949	1,131	1,111	98.23	20	1.77	112	108	215
1948	2,639	2,635	99.85	4	0.15	223	225	442
1947 and earlier	7,135	7,056	98.89	79	1.11	746	601	1,336
TOTAL	32,289	31,789	98.45	500	1.55	2,218	3,370	5,476

TABLE B.—OTHER INSPECTIONS

NOTES :—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	..	2,078
Number of Re-inspections	..	6,160
Total	..	8,238

TABLE C.—INFESTATION WITH VERMIN

NOTES :—All cases of infestation, however slight, are included.

The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	..	..	..	..	220,549
(b) Total number of individual pupils found to be infested	..	..	..	..	1,372
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	..	..	..	..	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	..	..	..	..	—

TABLE D.—SCREENING TESTS OF VISION AND HEARING

	<i>Whole County apart from Chesterfield Excepted District</i>		<i>Chesterfield Excepted District</i>
1. (a) Is the vision of entrants tested? ..	Yes. An attempt is made to test all entrants.	Yes. An attempt is made to test all entrants.	
(b) If so, how soon after entry is this done?	During the first year of school life.	During the first year of school life.	
2. If the vision of entrants is not tested, at what age is the first vision test carried out? —		Where test not possible at an earlier age a second attempt is made at age 6 years.	
3. How frequently is vision testing repeated throughout a child's school life? ..	At age of 8 years; 10-11 years; 14+ years.	7 years; 10-11 years; 14 years.	
4. (a) Is colour vision testing undertaken? ..	Yes, if referred as special cases.	Yes.	
(b) If so, at what age?	—	10-11 years.	
(c) Are both boys and girls tested?	—	Yes.	
5. By whom is vision and colour testing carried out?	Referred cases are tested by School Medical Officer.	School Health clerks. Doubtful cases referred to S.M.O. at S.M.I.	
6. (a) Is audiometric testing of entrants carried out?	Yes, if referred as special cases.	If referred as special cases.	
(b) If so, how soon after entry is this done? —		—	
7. If the hearing of entrants is not tested, at what age is the first audiometric test carried out?		{ Scheme commenced 1962. At present working off backlog of tests. Ultimate aim to test all entrants. Special cases referred for joint consultation with School Medical Officer and Teacher of the Deaf.	
8. By whom is audiometric testing carried out?	Referred cases are tested by School Medical Officer and Teacher of the Deaf.		

**PART II—DEFECTS FOUND BY MEDICAL INSPECTIONS
DURING THE YEAR**

TABLE A—PERIODIC INSPECTIONS

NOTE:—All defects including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS			
		<i>Entrants</i>	<i>Leavers</i>	<i>Others</i>	<i>Total</i>
4	Skin	T 184	233	152	569
		O 160	131	66	357
5	Eyes—a. Vision	T 382	969	867	2,218
		O 465	517	508	1,490
	b. Squint	T 239	56	85	380
		O 62	19	40	121
	c. Other	T 42	24	25	91
		O 23	25	9	57
6	Ears—a. Hearing	T 100	42	43	185
		O 204	66	90	360
	b. Otitis Media	T 66	31	17	114
		O 117	51	44	212
	c. Other	T 15	20	12	47
		O 40	25	37	102
7	Nose and Throat	T 295	50	87	432
		O 692	117	260	1,069
8	Speech	T 38	11	57	106
		O 127	20	36	183
9	Lymphatic Glands	T 18	4	13	35
		O 240	21	81	342
10	Heart	T 23	11	18	52
		O 125	88	83	296

11	Lungs	T	109	38	97	244
		O	264	110	103	477
12	Developmental—a. Hernia	T	26	7	6	39
		O	49	7	19	75
	b. Other	T	28	21	37	86
		O	120	56	86	262
13	Orthopaedic—a. Posture	T	39	52	61	152
		O	68	64	70	202
	b. Fee ..	T	136	143	82	361
		O	147	161	94	402
	c. Other...	T	59	53	81	193
		O	131	110	92	333
14	Nervous System—a. Epilepsy	T	28	18	16	62
		O	8	6	7	21
	b. Other	T	22	16	12	50
		O	54	19	21	94
15	Psychological—a. Develop- ment	T	52	27	36	115
		O	73	52	173	298
	b. Stability	T	59	11	98	168
		O	250	87	74	411
16	Abdomen	T	28	19	10	57
		O	36	14	21	71
17	Other	T	446	151	81	678
		O	135	151	109	395

TABLE B—SPECIAL INSPECTIONS

Note:—All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections, are included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	34	18
5	Eyes—		
	a. Vision ..	353	331
	b. Squint ..	46	14
	c. Other ..	27	18
6	Ears—		
	a. Hearing ..	35	97
	b. Otitis Media ..	17	24
	c. Other ..	5	9
7	Nose and Throat ..	47	71
8	Speech	24	34
9	Lymphatic Glands ..	2	21
10	Heart	13	51
11	Lungs	31	97
12	Developmental—		
	a. Hernia ..	4	9
	b. Other.. ..	18	31
13	Orthopaedic—		
	a. Posture ..	6	5
	b. Feet	29	44
	c. Other.. ..	35	53
14	Nervous System—		
	a. Epilepsy ..	18	11
	b. Other.. ..	15	21
15	Psychological ..		
	a. Development ..	3	60
	b. Stability ..	58	62
16	Abdomen	7	25
17	Other	55	91

PART III TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(including Nursery and Special Schools).

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	118
Errors of refraction (including squint) ..	5,179
Total	5,297
Number of pupils for whom spectacles were prescribed	1,967

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	8
(b) for adenoids and chronic tonsillitis ..	375
(c) for other nose and throat conditions ..	16
Received other forms of treatment	132
Total	531
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1962	9
(b) in previous years	36

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments	827
(b) Pupils treated at school for postural defects	37
Total	864

TABLE D.—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

	<i>Number of cases known to have been treated</i>
Ringworm—(a) Scalp	—
(b) Body	1
Scabies	14
Impetigo	16
Other skin diseases	135
Total	166

TABLE E.—CHILD GUIDANCE TREATMENT

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance clinics ..	735

TABLE F.—SPEECH THERAPY

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	226

TABLE G.—OTHER TREATMENT GIVEN

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	732
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.G.C. vaccination	4,439
(d) Other than (a), (b) and (c) above Please specify : Sunray treatment	73

Dental Inspection and Treatment carried out by the Authority during the Year ended 31st December, 1962.

Number of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in January, 1963, as in Forms 7, 7M, and 11 Schools

117,119

(a) Dental and Orthodontic work.

I. Number of pupils inspected by the Authority's Dental Officers:

i. At Periodic Inspections	13,727	} Total I	17,081
ii. As Specials	3,354		

II. Number found to require treatment 13,100

III. Number offered treatment 10,187

IV. Number actually treated 6,489

(b) Dental work (other than orthodontics) (NOTE : Figures relating to orthodontics should not be included in Section (b)).

I. Number of attendances made by pupils for treatment, excluding those recorded at (c)i below .. 12,267

II. Half-days devoted to:

i. Periodic (School) Inspection	103	} Total II	1,769
ii. Treatment	1,666		

III. Fillings:

i. Permanent Teeth	5,070	} Total III	5,347
ii. Temporary Teeth	277		

IV. Number of Teeth Filled:

i. Permanent Teeth	4,369	} Total IV	4,628
ii. Temporary Teeth	259		

V. Extractions:

i. Permanent Teeth	.. 2,445	} Total V	9,747
ii. Temporary Teeth	.. 7,302		

VI. Administration of general anaesthetics for extraction 3,523

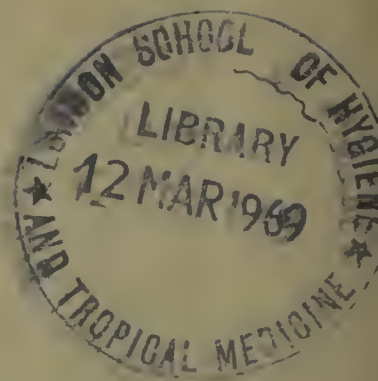
VII. Number of pupils supplied with artificial teeth .. 52

VIII. Other operations:

i. Permanent Teeth	.. 1,308	} Total VIII	3,372
ii. Temporary Teeth	.. 2,064		

(c) Orthodontics:

i. Number of attendances made by pupils for orthodontic treatment	.. ..	275
ii. Half-days devoted to orthodontic treatment	..	—
iii. Cases commenced during the year	.. ..	42
iv. Cases brought forward from the previous year		39
v. Cases completed during the year	.. ..	30
vi. Cases discontinued during the year	.. ..	3
vii. Number of pupils treated by means of appliances		42
viii. Number of removable appliances fitted	..	47
ix. Number of fixed appliances fitted	—



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